

Medical Service Claims

**Output Field:** ADJIND ADJIND

**Definition:** An indication of an adjustment and the type of adjustment.

**DB2 Name:** ADJ\_IND

**Type:** Medi-Cal Custom Field

**Missing Value:** Zero

**Data Type:** DECIMAL

**Display Length:** 1, 0

**Storage Length:** 1

Input Fields:	Field Name	Data Type	Length
	F35-ADJUSTMENT-INDICATOR	X	1

**Logic:** ADJIND = 1 (negative adjustment) when F35-ADJUSTMENT-INDICATOR is any of these values:

- 2 Negative Supplemental
- 3 Refund to Medi-Cal (negative only)
- 5 Negative side of a Void & ReIssue

ADJIND = 2 (positive adjustment) when F35-ADJUSTMENT-INDICATOR is any of these values:

- 1 Positive Supplemental
- 4 Positive side of Void & Re-Issue

**FOLOG Calls:** None

**Default:** Zero (missing value). This is assigned when the input value is not 1 - 5.

**Precedents:** None

**Impact:** Panorama View: this field is on the Claim Extracts and is used throughout the Panorama View Build logic to accurately calculate payments and unique services. Therefore, new values for ADJIND may require a change in Panorama View.

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	1/5/1999	J. Dittman	4	739	Added impact to PV.
	6/8/1998	L Richardson	3	556	Eliminated 6-Cash Disposition no longer a valid value
	4/27/1998	L. Macklem	3	739	Rewrote as functional spec.

---

**Medical Service Claims**

---

**Output Field: ADJMISS**      ADJMISS Ind

---

**Definition:** An Indicator that identifies when a missing RVUADJ occurs because the PROVZIP was not found in the Adjusted RVU assignment table.**DB2 Name:** RVU\_ADJ\_NOT\_FOUND**Type:** Medi-Cal Custom Field**Missing Value:** Spaces**Data Type:** CHARACTER**Display Length:** 1**Storage Length:** 1

---

**Input Fields:**

---

**Logic:** ADJMISS is set during the TOTRVU assignment logic, see the ADJRVU spec.**FOLOG Calls:****Default:****Precedents:** None**Impact:****Tech. Notes:**

---

**Revisions:**

Medical Service Claims

**Output Field:** ADJRVU      Adjust RVU

**Definition:** A measure of the effort and expense associated with providing a procedure, adjusted for cost variances due to provider location. The provider's zip code and Health Care Financing Administration (HCFA) geographic adjustment factors are used to calculate this value. Adjusted RVUs indicate how complex or resource intensive one procedure is compared to another. This is a hidden field for Medi-Cal.

**DB2 Name:** ADJ\_RVU      **Type:** DataScan Core Field      **Missing Value:** Zero

**Data Type:** DECIMAL      **Display Length:** 5, 0      **Storage Length:** 3

Input Fields:	Field Name	Data Type	Length
	N/A	N/A	N/A

**Logic:** Claim Convert Logic:  
Set ADJRVU = 0 (zero)

DataScan CORE Logic:

A relative value unit (RVU) is a value representing a measure of effort and expense (i.e. a more expensive service that requires more effort will have a higher RVU). The RVU assignment for a procedure consists of three components: (1) work effort; (2) practice expense; and (3) malpractice costs. RVUs were developed to reimburse physicians based on the resources applied in performing a particular procedure. The reasoning behind RVUs is that physicians should be reimbursed based on the work associated with and the cost involved in delivering the service, not on what the physician has charged in the past.

The Adjusted RVU (ADJRVU) represents the number of relative value units for a procedure, adjusted for cost variances due to the provider's geographic location. The provider's zip code and Health Care Financing Administration (HCFA) geographic adjustment factors are used to calculate this value.

RVUs are set to missing if any of the following are true:

- QTY is missing.
- PROVTYP <50 OR > 99 (i.e., a non-physician provider).
- Service Type is 30 (anesthesia) or 40 (assistant surgery)
- Procedure Code is surgical and Service Type values are second or third opinion (as specified on the DB\_DEF table).
- Procedure Code is MISSING.
- Procedure Type is not CPT-4 or HCPC.
- Procedure Code is not in the RVU lookup table (i.e., not a valid procedure code). ADJRVU is also set to missing if the provider zip code is missing or not valid.

**FOLOG Calls:** None

**Default:** 0 (zero)

**Precedents:** None

**Impact:**

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	1/24/1999	L. Richardson	4	1162	Convert to functional spec.
	12/8/1998	K. Key	4	N/A	In order to match the EGAD table, modified the missing rule be zero instead of none.

---

Medical Service Claims

---

**Output Field: ADJRVU**

Adjust RVU

---

11/16/1998	K. Key	4	1162	Updated default to be zero and missing value to be none.
------------	--------	---	------	--

---

## Medical Service Claims

**Output Field:** ADJUDDT      Adjudication

**Definition:** The 35-File ADJUDICATION DATE as reported on the claim or encounter. If nothing is reported, the date is set to match the date the database was updated with this record. On paid claims this identifies the date the claim was approved for payment.

**DB2 Name:** ADJUDICATION\_DATE      **Type:** Medi-Cal Custom Field      **Missing Value:** 0001-01-01

**Data Type:** DATE      **Display Length:** 10      **Storage Length:** 4

Input Fields:	Field Name	Data Type	Length
	F35-ADJUDICATION-DATE	S9	8
	TAPEDT	SMALLINT	4

**Logic:** ADJUDDT = F35-ADJUDICATION-DATE, if a valid date.  
If F35-ADJUDICATION-DATE not a valid date, ADJUDDT = TAPEDT.

**FOLOG Calls:** OPR-#35: When F35-ADJUDICATION-DATE equals zeroes or 9's(call FOLOG with F35-ADJUDICATION-DATE)

OPR-#35: When F35-ADJUDICATION-DATE is an invalid date (call FOLOG with F35-ADJUDICATION-DATE)

**Default:** The CCYYMMDD equivalent of TAPEDT.

**Precedents:** TAPEDT

**Impact:**

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	8/6/1999	L. Richardson	5	1237	Changed the input field length to 8, removed 'non Y2K' compliant references, and removed logic that set the century '19'.
	1/7/1999	T. Poyner	4	1210	Changed date format from YYYYMMDD to CCYYMMDD logic and default.
	12/29/1998	L. Richardson	4	1162	Moved all the TAPEDT related rules to the Logic section, clarified the Default, and added Y2K issue to Tech Notes.
	11/16/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program.
	6/2/1998	L. Macklem	3	739	Rewrote as functional spec.

## Medical Service Claims

**Output Field:** ADMITDT Admit Date**Definition:** The date of admission as reported on the claim or encounter (CCYY-MM-DD format).**DB2 Name:** ADMIT\_DATE**Type:****Missing Value:** 0001-01-01**Data Type:** DATE**Display Length:** 10**Storage Length:** 4**Input Fields:** Field Name**Data Type****Length**

F35-ADMISSION-DATE

S9

8

**Logic:** ADMITDT = F35-ADMISSION-DATE (if valid date)

If F35-ADMISSION-DATE not a valid date, set ADMITDT to 0001-01-01 (missing).

If month(ADMITDT) &gt; month(TAPE\_DT) and year(ADMITDT) &gt; year(TAPE\_DT) then set ADMITDT to missing (0001-01-01).

**FOLOG Calls:** OPR #XX: If month(ADMITDT) > month(TAPE\_DT) and year(ADMITDT) > year(TAPE\_DT) (call FOLOG using PGMCODE,PHPCODE and ADMITDT)**Default:** Jan. 1, 1 (0001-01-01, the missing value).**Precedents:** None**Impact:** Panorama View: this field is found on the Claims Extracts and is used to count the number of admissions. The new Case Days extract in v2.0 is used only for the Utilization Folder; the Quality measures continue to be calculated based on the claims detail records.**Tech. Notes:** Y2K compliant as of Phase 5.

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	7/23/2001	Derek Boorse	6	2197	Change to missing when > TAPE_DT
	8/6/1999	L. Richardson	5	1237	Changed input field length to 8, removed 'non Y2K' compliance references, and removed logic that set century to '19'.
	1/10/1999	J. Dittman	4	739	Added impact to PV.
	1/7/1999	T. Poyner	4	1210	Changed date format from YYYYMMDD to CCYYMMDD description.
	12/28/1998	L. Richardson	4	1162	Clarified hard coded century, added Tech Note.
	6/2/1998	L. Macklem	3	739	Rewrote as functional spec. In so doing, specified default value.

## Medical Service Claims

**Output Field:** ADMITYP MediCal Admt

**Definition:** Indicates the necessity for admission to an inpatient hospital, from the 35-File field ADMIT-TYPE . The exception is a claim where the F-35 Claim-Form-Indicator = U (UB92). In this case the Admission Source (ADMSRC) must also be considered.

**DB2 Name:** ADMIT\_TYPE**Type:** Medi-Cal Custom Field**Missing Value:** Spaces**Data Type:** CHARACTER**Display Length:** 1**Storage Length:** 1

Input Fields:	Field Name	Data Type	Length
	F35-ADMIT-SOURCE	X	1
	F35-ADMIT-TYPE	X	1
	F35-CLAIM-FORM-INDICATOR	X	1

**Logic:** ADMITYP = F35-ADMIT-TYPE, except for UB-92 claims (F35-CLAIM-FORM-INDICATOR = U). For the latter, the admission source (F35-ADMIT-SOURCE) must also be considered.

See Attachment: ADMITYP for the detailed logic.

**FOLOG Calls:** OPR-#64: When F35-CLAIM-FORM-INDICATOR and F35-ADMIT-SOURCE are equal to a space and F35-ADMIT-TYPE is not in the range of '1' to '6' or equal to a space (call FOLOG using all 3 fields).

OPR-#64: When F35-CLAIM-FORM-INDICATOR is equal to 'U' and F35-ADMIT-SOURCE is equal to a space and F35-ADMIT-TYPE is not a '1', '3', '4' or a space (call FOLOG using all 3 fields)

OPR-#64: When F35-CLAIM-FORM-INDICATOR is equal to 'U' and F35-ADMIT-SOURCE is equal to '4', '5' or '6' and F35-ADMIT-TYPE is not equal to '1', '3' or a space (call FOLOG using all 3 fields)

OPR-#64: When F35-CLAIM-FORM-INDICATOR is equal to 'U' and F35-ADMIT-SOURCE is not equal to '4', '5' or '6' (call FOLOG using F35-CLAIM-FORM-INDICATOR and F35-ADMIT-SOURCE)

**Default:** Space (missing value). This is assigned if none of the logic rules are satisfied.

**Precedents:** None

**Impact:** None

**Tech. Notes:** None

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	11/16/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program.
	6/2/1998	L. Macklem	3	739	Rewrote as functional spec.
	12/5/1997	W. Wallace	2	490	New field added TB 2.1.

---

Medical Service Claims

---

**Output Field:** ADMSRC      Admit Source

---

**Definition:** The 35-File field, ADMIT SOURCE, indicating the source of admission for transfer records. Missing value indicates newborn or no transfer.

**DB2 Name:** ADMIT\_SOURCE

**Type:** Medi-Cal Custom Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 1

**Storage Length:** 1

---

Input Fields:	Field Name	Data Type	Length
	F35-ADMIT-SOURCE	X	1

---

**Logic:** Move as is (if alphanumeric).

**FOLOG Calls:** None

**Default:** Space (missing value).

**Precedents:** None

**Impact:**
**Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/2/1998	L. Macklem	3	739	Rewrote as functional spec. In so doing, clarified that input field must be alphanumeric.



Medical Service Claims

**Output Field:** AGE Age

**Definition:** The patient/eligible/recipient age in years on the date of service. AGE equals service date (SVCDATE) minus birth date (BIRTHDT) truncated to a whole year. In Eligibility, age is calculated as of the month of eligibility. In Episodes, age is calculated as the eligible's age at the end of the Episode.

**DB2 Name:** AGE\_AMT

**Type:** DataScan Core Field

**Missing Value:** Null

**Data Type:** DECIMAL

**Display Length:** 3, 0

**Storage Length:** 2

Input Fields:	Field Name	Data Type	Length
	BIRTHDT	DATE	4
	SVCDATE	DATE	4

**Logic:** The basic calculation is: When BIRTHDT is not missing (equal to '0001-01-01'), calculate AGE as SVCDATE - BIRTHDT (truncated to whole year), otherwise set AGE to missing (NULL).

Overrides: There are two override conditions:

1. If AGE calculates greater than 125, recalculate AGE as AGE - 100. This assumes that virtually nobody lives to 125, so the BIRTHDT century was probably wrong.
2. If BIRTHDT is greater than SVCDATE, set AGE to zero when the SVCDATE is less than 1 year before BIRTHDT. Otherwise, set AGE to missing (NULL) when the SVCDATE is more than 1 year before BIRTHDT.

**FOLOG Calls:** OPR-#4: When calculated AGE is greater than 125 (call FOLOG using BIRTHDT)

OPR-#60: When calculated AGE is less than 0 (call FOLOG using SVCDATE)

**Default:** Missing (NULL).

**Precedents:** SVCDATE, BIRTHDT

**Impact:** AGE is very important analytically, as utilization of healthcare services tend to vary greatly by age group. Many standard reports group on age or age-gender groupings, including many HEDIS reports. Many other reports are restricted on age criteria, such as AGE < 2.

AGE is used in the calculation of MCALAGE, COHORT and HEDISCOH.

AGE is considered when assigning these fields on the Case table: DRG, MDC, MORTRISK, PDX, HOSPCHG, HOSPPAY, TOTCHG, TOTPAY.

AGE is considered when assigning EPIDXGRP on the Episodes table.

The maximum allowable age was changed to 125 to make consistent with all the DataScan tables and Core logic.

And a provision for the occurrence of Birth Date > Service date is added to be consistent with the way PMW handles this condition. If PMW does not handle this condition then fatal build errors will occur in PMW.

Panorama View: this field is found on the Claims Extracts and is used in the Quality Folder to calculate age-specific measures.

**Tech. Notes:** The NULL indicator field for AGE is set to '?' (which is a different value than used in the drug table) when the logic indicates that AGE= NULL.

(1) Note: this is found in the description for AGE for both Eligibility and Claims; if modified, please update

Medical Service Claims

**Output Field: AGE** Age

in both places.

MEDSTAT uses an effective, if unusual, implementation for calculating AGE. Rather than using date arithmetic, it treats each date as a simple eight-digit integer, say 19970508 and 19460915. Subtraction yields:

```

19970508
- 19460915
-----
 509593

```

We divide the result by 10,000, which moves the decimal point left to separate the year integer and decimal remainder portions of the difference:

$509593 / 10000 = 50.9593$

The remainder, of course, is wrong--May to September is not .9503 of a year--but that's okay, because we throw away the remainder (round down, truncate), leaving 50 as AGE. This method is quick, and it works since, in our culture, we don't round up someone's age.

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	1/22/1999	L. Richardson	4	1162	Add NULL indicator information in the tech note.
	1/22/1999	K. Key	4	1162	Clarified logic regarding overrides and difference between SVCDATE and BIRTHDT.
	1/10/1999	J. Dittman	4	739	Added impact to PV.
	12/30/1998	T. Poyner	4	739	Added impact of AGE on Case table.
	11/16/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program. Also removed first FOLOG call because it was not being used.
	10/13/1998	L Richardson	3	1060	New logic to provide for condition of birthdate > service date
	10/12/1998	L Richardson	3	1054	Changed the maximum allowable age from 150 to 125 to be consistent with all DataScan tables.
	4/27/1998	L. Macklem	3	739	Rewrote as functional spec.

Medical Service Claims

**Output Field:** AIDCODE Aid Code

**Definition:** The Aid Code of the Medi-Cal eligible. On services this represents the aid code reported on the claim or encounter. For population and eligibility counts, this represents the first aid code for which the eligible is certified (otherwise, AIDCODE represents the first valid).

**DB2 Name:** AID\_CODE **Type:** Medi-Cal Custom Field **Missing Value:** Spaces

**Data Type:** CHARACTER **Display Length:** 2 **Storage Length:** 2

Input Fields:	Field Name	Data Type	Length
	F35-BID-AID-CODE	X	2

**Logic:** The following rules are followed in order and will assign both AIDCODE and ELIGCAT:

1. Validate F35-BID-AID-CODE in the ELIGCAT map by matching on:

F35-BID-AID-CODE and ELIGCAT Aid Code, when a match is found

set AIDCODE = F35-BID-AID-CODE and  
set ELIGCAT = ELIGCAT from map

2. If a no match is found between F35-BID-AID-CODE and ELIGCAT Aid Code and F35-BID-AID-CODE <> spaces.

set AIDCODE = 00 (two zeros, not the missing value) and  
set ELIGCAT = ELIGCAT from map using AIDCODE '00'

3. If F35-BID-AID-CODE = spaces:

set AIDCODE = spaces or low values (missing), and  
set ELIGCAT = spaces or low values (missing)

**FOLOG Calls:** OPR-#36: When F35-BID-AID-CODE is not found on the ELIGCAT map (call FOLOG with F35-BID-AID-CODE

OPR-#36: When F35-BID-AID-CODE is equal to a space or a low value

**Default:** Spaces (missing value). This is assigned when F35-BID-AID-CODE = spaces or low values.

**Precedents:** None

**Impact:** AIDCODE is used to set ELIGCAT which is a Panorama View dimension (Aid Category) so we want to distinguish invalid input values (99-Other Invalid) from no input value (missing).

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	12/23/1998	L. Richardson	4	1162	Moved the ELIGCAT spec logic in with the AIDCODE logic
	11/16/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program.
	6/2/1998	L. Macklem	3	739	Rewrote as functional spec. In so doing, simplified input field from F35-BENE-ID (bytes 3 - 4).
	12/31/1997	J. Dittman	2	474, 554	Validate input field before moving.

Medical Service Claims

**Output Field:** AMBPROC      Amb Proc Grp

**Definition:** Groups of selected outpatient procedures used in the MIS solution, Panorama View.

**DB2 Name:** AMB\_PROC\_GRP\_CD

**Type:** Medi-Cal Custom Field

**Missing Value:** Zero

**Data Type:** SMALLINT

**Display Length:** 2

**Storage Length:** 2

**Input Fields:** Field Name

**Data Type**

**Length**

PROC1

X

5

**Logic:** The value for AMBPROC is assigned using a map that is accessed by the value in PROC1.

When PROC1 is either 2 characters followed by 3 spaces, or 5 characters and no embedded spaces  
Look up AMBPROC in the AMBPROC map, matching on:

PROC1 = AMBPROC Proc Code (or within the range of from and thru AMBPROC values in the map - see Note\*)

If PROC1 is NOT either 2 characters followed by 3 spaces, or 5 characters and no embedded spaces, set AMBPROC to missing.

Note\*-When PROC1 uses spaces in any of the last three positions, the search for a match on the table must be done assessing the values in the place holder positions 3,4,5 of PROC1 (74\_\_\_). Because of the PROC1 ranges used as the key in the map, the match must be done to account for position 3 for 3 to include spaces.

**FOLOG Calls:** None

**Default:** Zero (missing value). This is assigned when PROC1 is spaces (missing) or no match is found on the map.

**Precedents:** PROC1

**Impact:** Panorama View: this field is found on the Claims Extracts and is a virtual dimension in Panorama View. Therefore, any change to the AMBPROC values or descriptions needs to be reflected in the PV Catalog.

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	8/20/1999	L. Richardson	5	1399	Added logic to ensure only 2 or 5 char PROC1 are used in mapping.
	1/10/1999	J. Dittman	4	739	Added impact to PV.
	12/24/1998	L. Richardson	4	1162	Revised the wording in the spec logic to ensure the logic for spaces in PROC1 is clear.
	10/30/1998	L Richardson	3	1085	Added the Note to the spec logic to ensure accurate mapping while using ranges that may include spaces as part of the field value.
	5/18/1998	L. Macklem	3	739	Rewrote as functional spec.
	12/9/1997	W. Wallace	2	461	Removed the FOLOG call.

---

Medical Service Claims

---

**Output Field: AMBSRG**      Amb Srg

**Definition:** Groups of selected inpatient and outpatient surgeries which can be performed in an ambulatory setting. These are assigned by The MEDSTAT Group based on the procedure code.

**DB2 Name:** AMB\_SRG\_CD

**Type:** DataScan Core Field

**Missing Value:** None

**Data Type:** SMALLINT

**Display Length:** 5

**Storage Length:** 2

**Input Fields: Field Name**
**Data Type**
**Length**

N/A

N/A

N/A

**Logic:** Core assignment during Edit and/or Build process.

**FOLOG Calls:** None

**Default:** 0 (zero)

**Precedents:** None

**Impact:**

**Tech. Notes:**

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	11/16/1998	K. Key	4	1162	Updated default to be zero.

## Medical Service Claims

**Output Field: APPLIND** Appl Ind**Definition:** A flag that determines the status of records in the service and case tables.**DB2 Name:** APPL\_IND**Type:** DataScan Core Field**Missing Value:** None**Data Type:** CHARACTER**Display Length:** 1**Storage Length:** 1**Input Fields:** Field Name**Data Type****Length**

N/A

N/A

N/A

**Logic:** This field is set during the DATASCAN CORE EDIT and CASE BUILD processes as described below (also reference the DM Guide - Core Fields):

Installation: In a new database, APPLIND = Y for all Claim records.

Update: APPLIND is used to keep track of new records and records which will be deleted. New records are added before old records are deleted. This facilitates a roll back of an update if problems are found during pre-release testing.

When the database has been updated, but the history rolloff process has not yet occurred, APPLIND values signify:

D - Rows which will be rolled off (deleted) because they are older than the new 30-month window

Y - Rows which will be retained because they are in both the old and new 30-month windows

N - Rows added by the current update

Note: The above applies to non-Caseable records in the Outpatient Claim tables. For the Inpatient Claim table, flagging a row with 'D' is not caused by the date. The Case build program creates duplicate records, which it marks 'N', for rebuilding Cases for a patient.

The following two paragraphs apply to both Outpatient and Inpatient Claims.

When the database has been updated but not yet rolled off, the data managers can access a view that contains only Y and N APPLIND values (the new 30-month window), while end users continue to access only D and Y APPLIND values (the "unchanged" or "old" database). This allows the data managers to test the update and, if necessary, initiate a roll back without affecting the end-users' view of the data.

The history rolloff process deletes the 'D' rows and changes all N APPLIND values to Y.

See the DM Guide, Appendix B, under APPLIND for more details.

**FOLOG Calls:** None**Default:** None. The update process maintains this field, which cannot be missing.**Precedents:** None**Impact:** APPLIND is used by DataScan only. It is not visible to the user.**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	12/28/1998	L. Richardson	4	1162	Updated the Default value and added notation about this being CORE logic.
	5/18/1998	L. Macklem	3	739	Rewrote as functional spec.

Medical Service Claims

**Output Field:** BIRTHDT Birth Date

**Definition:** The eligible/recipient's date of birth in CCYY-MM-DD format.

**DB2 Name:** BIRTH\_DT

**Type:** Medi-Cal Custom Field

**Missing Value:** 0001-01-01

**Data Type:** DATE

**Display Length:** 10

**Storage Length:** 4

Input Fields:	Field Name	Data Type	Length
	F35-BIRTHDATE	X	8
	F35-CIN	X	9
	MBR-BIRTHDT	DATE	10
	MBR-EMPID	X	9
	MBR-ENROLLDT	DATE	4
	NEWBORN	X	1
	SVCDATE	DATE	4

**Logic:** If the claim is not a Newborn Claim, NEWBORN = 'N'

Look up BIRTHDT in (tag from) Eligibility, matching on:

F35-CIN = MBR-EMPID

SVCDATE = MBR-ENROLLDT (match on year and month only)

When a match is found, move MBR-BIRTHDT to BIRTHDT,  
if no match is found, set BIRTHDT to 0001-01-01 (the missing value).

Note: Tagging logic is further described in the Background Document section of the Drug Table specifications.

If the claim is a Newborn Claim, NEWBORN = 'Y'

Set BIRTHDT = F35-BIRTHDATE.

**FOLOG Calls:** OPR-#38: When NEWBORN = 'N' and an Elig-Match is found and resulting BIRTHDT is missing after comparing it to the Eligibility Table (call FOLOG with BIRTHDT) or if NEWBORN = 'Y' and F35-Birth-Date is missing (call FOLOG with F35-Birth-Date).

**Default:** Jan. 1, 1 (0001-01-01, the missing value). Set when no Elig-Match is found.

**Precedents:** SVCDATE, NEWBORN

**Impact:** Panorama View: this field is found on the Claims Extracts and is used to calculate the recipient's age in days for Quality measures such as Neonatal Deaths and Childhood Pneumonia.

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	8/12/1999	L Richardson	5	1247	Changed the logic to tag from Elig unless a NEWBORN.
	8/6/1999	L. Richardson	5	1237	Changed the input f35-birthdt length to 8, removed specs for single digit century conversion.
	1/10/1999	J. Dittman	4	739	Added impact to PV.
	1/7/1999	T. Poyner	4	1210	Changed date format from YYYYMMDD to CCYYMMDD description.

---

Medical Service Claims

---

Output Field: <b>BIRTHDT</b>		Birth Date			
12/28/1998	L. Richardson	4	1162	Clarified the conversion of the century and the tagging logic	
11/16/1998	C. Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program. Also re-worded FOLOG call for clarity	
6/2/1998	L. Macklem	3	739	Rewrote as functional spec.	
1/13/1998	W. Wallace	2	672	Clarified logic to conform to program's actual implementation	
12/11/1997	W. Wallace	2	508	Added logic to consider birthdate invalid if future to the database window.	



Medical Service Claims

**Output Field: CAPIND**      Encountr Ind

**Definition:** Identifies managed care services which were capitated.

**DB2 Name:** CAP\_IND

**Type:** Req'd for Mgd Care Rptg

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 1

**Storage Length:** 1

Input Fields:	Field Name	Data Type	Length
	F35-PLAN-CODE	X	2

**Logic:** CAPIND = Y when F35-PLAN-CODE is \*either\* of the following:

02 - Managed Care Encounter  
04 - COHS

**FOLOG Calls:** OPR-#34: When F35-PLAN-CODE is equal to '2' ( Managed Care Encounter) or '4' (COHS) (call FOLOG with F35-PLAN-CODE).

**Default:** Spaces (missing value). This is assigned if F35-PLAN-CODE <> 2 or 4.

**Precedents:** None

**Impact:** CAPIND can be used as a subsetting/filter criterion to select only capitated (CAPIND = Y) or only fee-for-service (CAPIND = '/missing) services.

Panorama View: CAPIND is used to set the Completion Type field in the extract, as encounters and claims have different Completion Factor Tables.

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	5/9/2002	C.Swanson	6	2811	Changed input field length to 2
	1/4/1999	J. Dittman	4	739	Added impact to PV.
	11/16/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program.
	6/2/1998	L. Macklem	3	739	Rewrote as functional spec.

---

Medical Service Claims

---

**Output Field: CASEID** Case ID

---

**Definition:** A unique identification number assigned by the Case Build to each inpatient admission. The identification number for a given case changes with each database update.

**DB2 Name:** CASE\_ID

**Type:** DataScan Core Field

**Missing Value:** None

**Data Type:** DECIMAL

**Display Length:** 11, 0

**Storage Length:** 6

---

**Input Fields: Field Name**
**Data Type**
**Length**

N/A

N/A

N/A

---

**Logic:** Core assignment during Edit and/or Build process.

**FOLOG Calls:** None

**Default:** 0 (zero)

**Precedents:** None

**Impact:**

**Tech. Notes:**

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	11/16/1998	K. Key	4	1162	Updated default to be zero.

Medical Service Claims

**Output Field: CASENUM** Case Number

**Definition:** The last 10 characters of the beneficiary identification number. The first 7 bytes are encrypted.

**DB2 Name:** CASE\_NUMBER

**Type:** Medi-Cal Custom Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 10

**Storage Length:** 10

Input Fields:	Field Name	Data Type	Length
	F35-CIN	X	9
	MBR-CASENUM	X	10
	MBR-EMPID	X	9
	MBR-ENROLLDT	DATE	10
	SVCDATE	DATE	10

**Logic:** Tag from Eligibility or set to missing, as follows:

Look up CASENUM (tag from) the Eligibility Table, matching on \*both\*:

F35-CIN = MBR-EMPID

SVCDATE = MBR-ENROLLDT (match on year and month only)

When a match is found, set CASENUM = MBR-CASENUM.

NOTE: The first 7 bytes of this field are encrypted.

If no Elig-Match is found, set CASENUM = spaces (missing).

**FOLOG Calls:** OPR-#59: When F35-BENE-ID (bytes 5-14) is equal to spaces, zeroes, 9's, or low-values (call FOLOG with F35-BENE-ID (bytes 5-14)). \*\*\*Remove this FOLOG call since the F35-BENE-ID is no longer used to set his field. \*\* 8/13/99 (LDR)

**Default:** Spaces (missing value), when no Elig-Match can be found.

**Precedents:** SVCDATE

**Impact:**

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	11/29/2000	C.Swanson	6	1921	Added note to logic about the first 7 bytes of this field are encrypted.
	8/13/1999	L Richardson	5	1247	Changed the logic to only tag from Elig or set to missing. Remove FOLOG call OPR # 59.
	12/26/1998	L. Richardson	4	1162	Revised the default comments and clarified the logic.
	11/16/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program. Also added 'spaces' to FOLOG call.
	6/2/1998	L. Macklem	3	739	Rewrote as functional spec. In so doing, clarified input field from F35-BENE-ID (bytes 5 - 14).

---

Medical Service Claims

---

**Output Field: CAUSEAA**      RI Cause AA

**Definition:** Related Causes information. Indicates an accompanying auto accident as the cause of the illness or injury. Use in conjunction with CAUSEAP, CAUSEEM and CAUSEOA.

**DB2 Name:** RL\_CAUSE\_IND\_AA

**Type:** Medi-Cal Custom Field

**Missing Value:** None

**Data Type:** CHARACTER

**Display Length:** 1

**Storage Length:** 1

---

Input Fields:	Field Name	Data Type	Length
	F35-RELATED-CAUSE-CODE	CHARACTER	6

---

**Logic:** The F35-RELATED-CAUSE-CODE is a 6 byte field with up to three codes with 2 character per code. This field is used specifically to indicate an auto accident was the cause of the illness or injury. Each possible 2 character code must be interrogated for the value of 'AA'.

If F35-RELATED-CAUSE-CODE[1,2] = 'AA' or F35-RELATED-CAUSE-CODE[3,2] = 'AA' or F35-RELATED-CAUSE-CODE[5,2] = 'AA' then set CAUSEAA = 'Y'  
Otherwise set CAUSEAA = 'N'

**FOLOG Calls:**
**Default:** N

**Precedents:** None

**Impact:**
**Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/6/2002	C.Swanson	6	2811	Changed field from RLCAUSE1 and made it an indicator field

---

Medical Service Claims

---

**Output Field: CAUSEAP**      RI Cause AP

**Definition:** Related Causes information. Indicates another party as the cause of the illness or injury. Use in conjunction with CAUSEAA, CAUSEEM and CAUSEOA.

**DB2 Name:** RL\_CAUSE\_IND\_AP

**Type:** Medi-Cal Custom Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 1

**Storage Length:** 1

---

Input Fields:	Field Name	Data Type	Length
	F35-RELATED-CAUSE-CODE	CHARACTER	6

---

**Logic:** The F35-RELATED-CAUSE-CODE is a 6 byte field with up to three codes with 2 character per code. This field is used specifically to indicate an another party was the cause of the illness or injury. Each possible 2 character code must be interrogated for the value of 'AP'.

If F35-RELATED-CAUSE-CODE[1,2] = 'AP' or F35-RELATED-CAUSE-CODE[3,2] = 'AP' or F35-RELATED-CAUSE-CODE[5,2] = 'AP' then set CAUSEAP = 'Y'  
 Otherwise set CAUSEAP = 'N'

**FOLOG Calls:**
**Default:**
**Precedents:** None

**Impact:**
**Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/6/2002	C.Swanson	6	2811	Changed field from RLCAUSE2 and made it an indicator field

---

Medical Service Claims

---

**Output Field: CAUSEEM**      RI Cause EM

**Definition:** Related Causes information. Indicates employment as the cause of the illness or injury. Use in conjunction with CAUSEAA, CAUSEAP and CAUSEOA.

**DB2 Name:** RL\_CAUSE\_IND\_EM

**Type:** Medi-Cal Custom Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 1

**Storage Length:** 1

---

Input Fields:	Field Name	Data Type	Length
	F35-RELATED-CAUSE-CODE	CHARACTER	6

---

**Logic:** The F35-RELATED-CAUSE-CODE is a 6 byte field with up to three codes with 2 character per code. This field is used specifically to indicate employment was the cause of the illness or injury. Each possible 2 character code must be interrogated for the value of 'EM'.

If F35-RELATED-CAUSE-CODE[1,2] = 'EM' or F35-RELATED-CAUSE-CODE[3,2] = 'EM' or F35-RELATED-CAUSE-CODE[5,2] = 'EM' then set CAUSEEM = 'Y'  
 Otherwise set CAUSEEM = 'N'

**FOLOG Calls:**
**Default:** N

**Precedents:** None

**Impact:**
**Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/6/2002	C.Swanson	6	2811	Changed field from RLCAUSE1 and made it an indicator field

---

Medical Service Claims

---

**Output Field:** CAUSEOA      RI Cause OA

---

**Definition:** Related Causes information. Indicates another accident as the cause of the illness or injury. Use in conjunction with CAUSEAA, CAUSEAP and CAUSEEM.

**DB2 Name:** RL\_CAUSE\_IND\_OA

**Type:** Medi-Cal Custom Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 1

**Storage Length:** 1

---

Input Fields:	Field Name	Data Type	Length
	F35-RELATED-CAUSE-CODE	CHARACTER	6

---

**Logic:** The F35-RELATED-CAUSE-CODE is a 6 byte field with up to three codes with 2 character per code. This field is used specifically to indicate that an other accident was the cause of the illness or injury. Each possible 2 character code must be interrogated for the value of 'OA'.

If F35-RELATED-CAUSE-CODE[1,2] = 'OA' or F35-RELATED-CAUSE-CODE[3,2] = 'OA' or F35-RELATED-CAUSE-CODE[5,2] = 'OA' then set CAUSEOA = 'Y'  
 Otherwise set CAUSEOA = 'N'

**FOLOG Calls:**
**Default:** N

**Precedents:** None

**Impact:**
**Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/6/2002	C.Swanson	6	2811	Created field

---

Medical Service Claims

---

**Output Field:** CCSGHPP      CCS/GHPP Ind

**Definition:** A value which indicates if the claim or encounter represents an authorized California Children's Services / Genetically Handicapped Person's Program service.

**DB2 Name:** CCS\_GHPP\_IND

**Type:** Medi-Cal Custom Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 1

**Storage Length:** 1

---

Input Fields:	Field Name	Data Type	Length
	F35-CCS	X	1

---

**Logic:** CCSGHPP = 1 when F35-CCS = 1.

**FOLOG Calls:** None

**Default:** Space (missing value). This is assigned when F35-CCS is anything other than 1.

**Precedents:** None

**Impact:**
**Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/2/1998	L. Macklem	3	739	Rewrote as functional spec.



## Medical Service Claims

**Output Field: CHG**

Charge

**Definition:** All charges for services which are covered under the plan provisions.**DB2 Name:** CHG\_AMT**Type:** DataScan Core Field**Missing Value:** None**Data Type:** DECIMAL**Display Length:** 7, 0**Storage Length:** 4**Input Fields: Field Name****Data Type****Length**

F35-DET-MEDI-CAL-AMOUNT-BILLED

S9(7)V9(2)

9

**Logic:** CHG = F35-DET-MEDI-CAL-AMOUNT-BILLED, \*\*rounded to the nearest dollar.\*\*

This is the line-item detail billed amount.

**FOLOG Calls:** OPR-#6: When F35-DET-MEDI-CAL-AMOUNT-BILLED is not numeric (call FOLOG with F35-DET-MEDI-CAL-AMOUNT-BILLED)**Default:** Zero (there is no missing value). This is the value assigned if the source field value is not numeric.**Precedents:** None**Impact:** At the State's request (IR #553), CHG is not set to 0 for capitated services. This means that total CHG will be overstated in some reports/queries. To eliminate capitated services in a report/query, select only rows where CAPIND = missing (space).

Because DataScan does not store pennies for this field, some DataScan financial reports may vary from control reports due to rounding.

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	12/8/1998	K. Key	4	N/A	In order to match the EGAD table, modified the storage length for IP to be 4 instead of 5.
	11/16/1998	C.Swanson	4	1162	Removed reference to 'low-values' and corrected the input field name in FOLOG call. Also updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program
	4/27/1998	L. Macklem	3	739	Rewrote as functional spec.
	12/4/1997	W. Wallace	2	553	Do NOT set to zero for capitated services (encounters).

## Medical Service Claims

**Output Field: CLMDAYS** Claim Days**Definition:** The number of days between the beginning and ending service dates on the service line for room and board records. THIS IS A HIDDEN FIELD.**DB2 Name:** CLM\_DAYS\_CNT**Type:** DataScan Core Field**Missing Value:** None**Data Type:** SMALLINT**Display Length:** 5**Storage Length:** 2

<b>Input Fields:</b>	<b>Field Name</b>	<b>Data Type</b>	<b>Length</b>
	CAPIND	X	1
	ADMITDT	NUMERIC	8
	F35-DET-FROM-DATE-OF-SERVICE	S9	8
	F35-DET-TO-DATE-OF-SERVICE	S9	8
	DTDISCHG	NUMERIC	8
	F35-UNITS	S9(8)V999	11
	PLACE	SMALLINT	2
	SVCTYP	SMALLINT	2

**Logic:** The MEDSTAT Case Build uses CLMDAYS to determine the length of stay (LOS) for an inpatient admission (see Impact for more details). The rules for assigning CLMDAYS are as follows:

1. Set CLMDAYS = 0 on all records EXCEPT admission/extension records. This assures that there are no "phantom" inpatient days on the Claims tables.

Note: An admission/extension record is one for which BOTH of the following are true:

- a. PLACE = 1 - 19 (Inpatient)
- b. SVCTYP = 60 - 69 (Room & board)

2. For admission records, use the service begin and end dates (if both are valid dates). Different fields are used for capitated and FFS services.

Capitated (where CAPIND = 'Y'):

CLMDAYS = DTDISCHG - ADMITDT

FFS (where CAPIND &lt;&gt; 'Y'):

CLMDAYS = F35-DET-TO-DATE-OF-SERVICE - F35-DET-FROM-DATE-OF-SERVICE

Capitated is indicated by CAPIND = Y, FFS by CAPIND &lt;&gt; Y.

Use this value of CLMDAYS only if it is &gt;= 0. Otherwise, go to rule 3.

3. Use the absolute value of F35-UNITS (if it is numeric), first ensuring that F35-UNITS is less than 100,000 and greater than -100,000 (to ensure that no truncation will occur). If F35-UNITS is outside this range then round up or down to the next whole number within the range.

Note: This field should never be negative (see DM Guide, Appendix B under CLMDAYS).

**FOLOG Calls:** OPR-#8: When an inpatient room and board service under managed care and both F35-ADMISSION-DATE and F35-DISHCHARGE-DATE are valid dates but the CLMDAYS is a negative number and F35-UNITS is not numeric (call FOLOG with F35-UNITS)

OPR-#8: When an inpatient room and board service under FFS and both F35-DET-FROM-DATE-OF-SERVICE and F35-DET-TO-DATE-OF-SERVICE are valid dates but the CLMDAYS is a negative number and F35-UNITS is not numeric (call FOLOG with F35-UNITS)

OPR-#8: When F35-UNITS is equal to or greater than 100,000 or equal to or less than -100,000 (call

---

Medical Service Claims

---

**Output Field: CLMDAYS** Claim Days

---

FOLOG with F35-UNITS).

**Default:** Zero (this field has no missing value).

**Precedents:** CAPIND, PLACE, SVCTYP

**Impact:** The MEDSTAT Case Build uses CLMDAYS to determine the length of stay (LOS) for an inpatient admission. Discharge date is not a DataScan core field for the Claim tables. For records which meet the criteria for an inpatient case admission/extension record (SVCTYP is Room & Board and PLACE is Inpatient), CLMDAYS implies the discharge date. Thus this field is critical for building Cases properly.

We follow standard MEDSTAT practice in setting CLMDAYS = 0 on all records except admission/extension records. This assures that there are no "phantom" inpatient days on the Claims tables.

**Tech. Notes:**

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/30/2002	C.Swanson	6	2811	Changed input fields to ADMITDT and DTDISCHG to avoid issues in input data
	5/8/2002	C.Swanson	6	2811	Increased input field length of F35-UNITS
	8/10/1999	L Richardson	5	1237	Changed all input dates to a length of 8; changed the input length of F35-UNITS to 10; added evaluation of F35-UNIT#3 to address field overflow; and added a FOLOG call to represent rounding of F35-UNITS.
	1/21/1999	C.Swanson	4	1162	Updated FOLOG, added operation #, displayed field and clarified
	12/24/1998	L. Richardson	4	1162	Added a few clarifying statements per the IR.
	4/27/1998	L. Macklem	3	739	Rewrote as functional spec.

## Medical Service Claims

---

**Output Field: CLMNBR** Clm Nbr
 

---

**Definition:** The ICN (Internal Control Number) from the 35-File uniquely identifies each claim as assigned by the processor of the claim.

**DB2 Name:** CLM\_NBR

**Type:** Medi-Cal Custom Field

**Missing Value:** Zero

**Data Type:** DECIMAL

**Display Length:** 13, 0

**Storage Length:** 7

---

**Input Fields:** **Field Name**

**Data Type**

**Length**

F35-CCN

S9

13

---

**Logic:** CLMNBR = F35-CCN (if numeric). If F35-CCN not numeric set CLMNBR to zero (missing).

**FOLOG Calls:** None

**Default:** Zero (missing value). This is the value assigned if F35-CCN is non-numeric.

**Precedents:** None

**Impact:** Panorama View: this field is found on the Claims Extracts and is used to count unique services.

**Tech. Notes:**

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/3/2002	C.Swanson	6	2811	Changed input field name to F35-CCN from F35-ICN
	1/10/1999	J. Dittman	4	739	Added impact to PV.
	12/28/1998	L. Richardson	4	1162	Removed 'and <>0' from the logic and 'or zero' from the Default.
	5/28/1998	L. Richardson	3	583	Chg'd CLMNBR to numeric and the default value to 0 (Decimal, 13, fixed in DataScan 4.0).
	5/14/1998	L. Macklem	3	739	Rewrote as functional spec. In so doing, clarified that input field must be numeric.
	12/4/1997	W. Wallace	2	496	Redefined CLMNBR to be character rather than numeric, and changed the default to spaces from 0 accordingly.

## Medical Service Claims

**Output Field: CLMTYPE** Claim Type**Definition:** The 35-File field CLAIM TYPE on drug and medical service records. Assigned '9' for Capitation Payment records.**DB2 Name:** CLAIM\_TYPE**Type:** Medi-Cal Custom Field**Missing Value:** Spaces**Data Type:** CHARACTER**Display Length:** 1**Storage Length:** 1

Input Fields:	Field Name	Data Type	Length
	F35-CLAIM-TYPE	X	1

**Logic:** CLMTYPE = F35-CLAIM-TYPE (if valid).

Valid values for the input data are 1 - 6.

**FOLOG Calls:** OPR-#39: When the F35-CLAIM-TYPE is not a valid value (call FOLOG with F35-CLAIM-TYPE).**Default:** Space (missing value). This is assigned if F35-CLAIM-TYPE is any value other than 1 through 6.**Precedents:** None**Impact:** Panorama View: this field is found on the Claims Extracts for future use in the system.**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	1/10/1999	J. Dittman	4	739	Added impact to PV.
	11/16/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program
	6/3/1998	L. Macklem	3	739	Rewrote as functional spec.

## Medical Service Claims

**Output Field: COB** COB**Definition:** The amount of the submitted charge saved due to the integration of Third Party Liability, such as the liability of commercial insurance or Medicare. This amount will be zero for capitated service encounters.**DB2 Name:** COB\_AMT**Type:** DataScan Core Field**Missing Value:** None**Data Type:** DECIMAL**Display Length:** 7, 0**Storage Length:** 4

Input Fields:	Field Name	Data Type	Length
	F35-MEDICARE-AMOUNT-PAID	S9(7)V9(2)	9
	F35-OTHER-COVERAGE-AMOUNT	S9(7)V9(2)	9
	F35-SEGMENT-COUNT	S9(04)	2

**Logic:** COB is comprised of both F35-Medicare-Amount-Paid and F35-Other-Coverage-Amount fields. On the input file, the F35-Medicare-Amount-Paid is on the detail segments, while the F35-Other-Coverage-Amount is found only on the header record. Therefore, we use the F35-Medicare-Amount-Paid in the calculation of COB only when we are processing F35-SEGMENT-COUNT = 1. The logic rules follow:

When F35-SEGMENT-COUNT = 1

Calculate COB (and round to the nearest dollar) =

F35-MEDICARE-AMOUNT-PAID + F35-OTHER-COVERAGE-AMOUNT

Note - There is an override that must be considered while setting the COB for F35-SEGMENT-COUNT=1: It is possible (though highly unlikely) that the sum where F35-SEGMENT-COUNT = 1 could exceed the DataScan field size of +/-9,999,999. If the calculated sum is outside the limits, COB is reset to +/-9,999,999.

When F35-SEGMENT-COUNT <> 1

Calculate COB (and round to the nearest dollar) = F35-MEDICARE-AMOUNT-PAID

**FOLOG Calls:** OPR-#9: When F35-SEGMENT-COUNT equals 1 and F35-MEDICARE-PAID-AMOUNT and F35-OTHER-COVERAGE-AMOUNT are both numeric and calculated COB is not between 9,999,999.00 and -9,999,999.00 (call FOLOG with F35-MEDICARE-AMOUNT-PAID).

OPR-#9: When F35-SEGMENT-COUNT equals 1 and F35-MEDICARE-PAID-AMOUNT and F35-OTHER-COVERAGE-AMOUNT are not numeric (call FOLOG with F35-MEDICAL-AMOUNT-PAID).

OPR-#9: When F35-SEGMENT-COUNT does not equal 1 and F35-MEDICARE-PAID-AMOUNT is not numeric (call FOLOG with F35-MEDICAL-AMOUNT-PAID).

**Default:** Zero (there is no missing value). This is the value used if the input field (either field where LINENUM = 1) is non-numeric.

**Precedents:** LINENUM

**Impact:** Like CHG, COPAY, DEDUCT and PAY (but \*not\* NETPAY), COB is not set to 0 for capitated services. As a result, both COB and PAY (=NETPAY + COB + COPAY + DEDUCT) will be overstated in some reports/queries. To prevent this, the user should include only rows where CAPIND = missing (space). As for all financials, pennies are not stored on the DB2 DataScan medical Claims tables. This may cause some financial reports to vary a small amount from control reports, due to rounding.

**Tech. Notes:** It is possible (though highly unlikely) that the sum where LINENUM = 1 could exceed the DataScan field size of +/-9,999,999. The program checks for this. If the sum is outside the limits, it is reset to +/-9,999,999.

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	5/8/2002	C.Swanson	6	2811	Changed input from LINENUM to F35-SEGMENT-COUNT

---

**Medical Service Claims**

---

<b>Output Field: COB</b>	<b>COB</b>			
12/28/1998	L. Richardson	4	1162	Clarified why we use LINENUM=1 in the logic and removed 'or low values' from the FOLOG calls.
11/16/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program
4/27/1998	L. Macklem	3	739	Rewrote as functional spec.
12/4/1997	W. Wallace	2	553	Do NOT set to zero for capitated services (encounters).

## Medical Service Claims

**Output Field: COHORT** Cohort**Definition:** A value identifying the eligible's age and gender cohort.**DB2 Name:** COHORT\_TYP**Type:** DataScan Core Field**Missing Value:** 13**Data Type:** SMALLINT**Display Length:** 5**Storage Length:** 2**Input Fields: Field Name**

N/A

**Data Type**

N/A

**Length**

N/A

**Logic:** Claim Convert Logic:

Sets COHORT to 13.

DATASCAN CORE Logic:

Sets COHORT to the COHORT assignment found in the MEDSTAT COHORT Table based on a match of AGE and SEX. When the AGE and SEX values are matched, the following valid values will be assigned:

- 1 - Males, age 0 - 17
- 2 - Males, age 18 - 34
- 3 - Males, age 35 - 44
- 4 - Males, age 45 - 54
- 5 - Males, age 55 - 64
- 6 - Males, age 65 +
- 7 - Females, age 0 - 17
- 8 - Females, age 18 - 34
- 9 - Females, age 35 - 44
- 10 - Females, age 45 - 54
- 11 - Females, age 55 - 64
- 12 - Females, age 65 +

**FOLOG Calls:** None**Default:** 13**Precedents:** None**Impact:****Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	1/24/1999	L. Richardson	4	1162	Converted to functional spec.
	12/8/1998	K. Key	4	N/A	In order to match the EGAD table, modified the missing rule be 13 instead of none.
	11/16/1998	K. Key	4	1162	Updated default to be 13 and missing value to be none.



---

Medical Service Claims

---

**Output Field: COPAY** Copay

**Definition:** Copayment or coinsurance paid by the patient as specified in the Medi-Cal program.

**DB2 Name:** COPAY\_AMT

**Type:** DataScan Core Field

**Missing Value:** None

**Data Type:** DECIMAL

**Display Length:** 7, 0

**Storage Length:** 4

Input Fields:	Field Name	Data Type	Length
	F35-COPAY-AMOUNT	S9(3)V99	5

**Logic:** COPAY = F35-COPAY-AMOUNT, \*\*rounded to the nearest dollar.\*\*

**FOLOG Calls:** OPR-#10: When F35-COPAY-AMOUNT is numeric and does not equal zero (call FOLOG with COPAY).

OPR-#10: When F35-COPAY-AMOUNT is not numeric (call FOLOG with COPAY).

**Default:** Zero (there is no missing value). This is the assignment if the input field is not numeric.

**Precedents:** None

**Impact:** Like CHG, COB, DEDUCT and PAY (but \*not\* NETPAY), COPAY is not set to 0 for capitated services. As a result, both COPAY and PAY (=NETPAY + COB + COPAY + DEDUCT) will be overstated in some reports/queries. To prevent this, the user should include only rows where CAPIND = missing (space).

As for all financials, pennies are not stored on the DB2 DataScan medical Claims tables. This may cause some financial reports to vary a small amount from control reports, due to rounding.

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	11/16/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program. Also removed reference to "low values".
	4/27/1998	L. Macklem	3	739	Rewrote as functional spec.
	12/4/1997	W. Wallace	2	553	Do NOT set to zero for capitated services (encounters).

---

Medical Service Claims

---

**Output Field: COVERSTS**      C Over Stat

---

**Definition:** Indicates whether or not there was Medicare coverage at the time of payment.

**DB2 Name:** CROSS\_OVER\_STAT

**Type:** Medi-Cal Custom Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 1

**Storage Length:** 1

---

**Input Fields: Field Name**
**Data Type**
**Length**

F35-CROSSOVER-STATUS-CODE

CHARACTER

1

---

**Logic:** Valid Values for this field are:

- 1 - Medicare Part A Eligible
- 2 - Medicare Part B Eligible
- 3 - Both Medicare Part A and B Eligible
- Space - Not Medicare Eligible

If the input field F35-CROSSOVER-STATUS-CODE does not contain a valid value, set to space.

**FOLOG Calls:** OPR #XX: If input field F35-CROSSOVER-STATUS-CODE is a value other than valid values (call FOLOG using F35-CROSSOVER-STATUS-CODE).

**Default:** Space - not Medicare Eligible

**Precedents:** None

**Impact:**
**Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/30/2002	C.Swanson	6	2811	Created field

Medical Service Claims

**Output Field: DEDUCT** Deductible

**Definition:** The share of cost amount paid by the patient to satisfy the individual and/or family deductible provisions of the plan. May also include "per confinement" deductibles.

**DB2 Name:** DEDUCT\_AMT

**Type:** DataScan Core Field

**Missing Value:** None

**Data Type:** DECIMAL

**Display Length:** 7, 0

**Storage Length:** 4

Input Fields:	Field Name	Data Type	Length
	F35-PATIENT-LIABILITY	S9(7)V9(2)	9
	F35-SEGMENT-COUNT	S9(04)	2

**Logic:** F35-PATIENT-LIABILITY is a header-level field. We must use it only once, so we use it only for the first service detail for the claim. The logic is:

When F35-SEGMENT-COUNT = 1, set DEDUCT= F35-PATIENT-LIABILITY, \*\*rounded to the nearest dollar\*\*

When F35-SEGMENT-COUNT <> 1, set DEDUCT = 0 (zero)

**FOLOG Calls:** OPR-#11: When F35-SEGMENT-COUNT is equal to 1 and F35-PATIENT-LIABILITY is not numeric (call FOLOG with F35-PATIENT-LIABILITY)

**Default:** Zero (there is no missing value). This is the value assigned if the input field is non-numeric.

**Precedents:** LINENUM

**Impact:** Like CHG, COB, COPAY and PAY (but \*not\* NETPAY), DEDUCT is not set to 0 for capitated services. As a result, both DEDUCT and PAY (=NETPAY + COB + COPAY + DEDUCT) will be overstated in some reports/queries. To prevent this, the user should include only rows where CAPIND = missing (space).

As for all financials, pennies are not stored on the DB2 DataScan medical Claims tables. This may cause some financial reports to vary a small amount from control reports, due to rounding.

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	5/8/2002	C.Swanson	6	2811	Changed input from LINENUM to F35-SEGMENT-COUNT
	11/16/1998	C.Swanson	4	1162	Removed "low-values" from FOLOG call. Also updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program.
	4/27/1998	L. Macklem	3	739	Rewrote as functional spec.
	12/4/1997	W. Wallace	2	553	Do NOT set to zero for capitated services (encounters).

Medical Service Claims

**Output Field:** DENTAL Dental Plan

**Definition:** The Dental Plan or program the eligible is enrolled in, as found on the eligibility extract.

**DB2 Name:** DENTAL\_PLAN\_CD

**Type:** Medi-Cal Custom Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 3

**Storage Length:** 3

Input Fields:	Field Name	Data Type	Length
	F35-CIN	X	9
	MBR-DENTAL	X	3
	MBR-EMPID	X	9
	MBR-ENROLLDT	DATE	10
	SVCDATE	DATE	10

**Logic:** Look up DENTAL in (tag from) Eligibility, matching on:

F35-CIN = MBR-EMPID

SVCDATE = MBR-ENROLLDT (match only on year and month)

When a match is found, move MBR-DENTAL to DENTAL

If no match is found on the Elig Table,  
Set DENTAL = spaces (missing).

**FOLOG Calls:** OPR-#70: When an Elig-Match is found but the Dental value is set to spaces (call FOLOG).

**Default:** Spaces (missing value), this may be moved from Elig during tagging if the Elig value was missing or it will be set if no Elig-Match is found.

**Precedents:** SVCDATE  
PHPCODE

**Impact:** Beginning in Phase 5, this field is extracted to Panorama View for future use in Dental reporting.

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	8/26/1999	J. Dittman	5	1317	Updated Impact section for Panorama View.
	8/11/1999	L Richardson	5	1247	Changed logic to tag only from Elig or set to missing, change FOLOG OPR #70 to call only when spaces is tagged, no long considers the NETPROD map.
	1/9/1999	L Richardson	4	1025	Added Effective dates to NETPROD mapping.
	12/28/1998	L. Richardson	4	1162	Clarified the tagging and mapping logic.
	11/16/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program
	6/3/1998	L. Macklem	3	739	Rewrote as functional spec.
	12/31/1997	J. Dittman	2	435, 584	Added logic to map from PHPCODE if tagging fails.

## Medical Service Claims

**Output Field: DNTLORIG** Dental Orig**Definition:** These are the 3-digit Dental Codes used by Denti-Cal, to classify specific dental services.**DB2 Name:** ORIG\_DENTAL\_CD**Type:** Medi-Cal Custom Field**Missing Value:** Spaces**Data Type:** CHARACTER**Display Length:** 3**Storage Length:** 3

Input Fields:	Field Name	Data Type	Length
	CLMTYPE	X	1
	PROC1	X	5

**Logic:** The objective is to convert the HCPCS procedure codes used to report Dental Services, back to the three-digit Dental Codes that were used by Denti-Cal when the claims were originally adjudicated. A map called DNTLORIG is used. A match between the HCPCS codes on the claim and the HCPCS code in the map is used to locate the correct three digit Original Dental (DNTLORIG) codes. The spec rules are:

If CLMTYPE = '5', lookup PROC1 in the DNTLORIG-map matching to the DNTLORIG-HCPCS-Code. When a match is found, set the DNTLORIG value on the claim equal to the DNTLORIG found in the map.

If no look up match is found in the map, or the CLMTYPE <> '5', set the claim DNTLORIG = Spaces (missing).

**FOLOG Calls:**

**Default:** Spaces (missing). Set if CLMTYPE <> '5' or if HCPCS is not found in the map.

**Precedents:** PROC1, CLMTYPE

**Impact:**

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	8/17/1999	L. Richardson	5	1317	Original spec, field newly added to the Claim Table.

## Medical Service Claims

**Output Field: DSTATUS** Dischg Stat**Definition:** Discharge Status of Patient**DB2 Name:** DSCHRG\_STATUS\_CD**Type:** DataScan Core Field**Missing Value:** Zero**Data Type:** DECIMAL**Display Length:** 2, 0**Storage Length:** 2

Input Fields:	Field Name	Data Type	Length
	F35-CLAIM-FORM-INDICATOR	X	1
	F35-DISCHARGE-CODE	X	1
	F35-FI-CLAIM-TYPE	X	2
	F35-PATIENT-STATUS	X	2
	F35-PLAN-CODE	X	2

**Logic:** We try to map DSTATUS from F35-PATIENT-STATUS. We have several maps for F35-PATIENT-STATUS, because each plan code uses its own coding scheme.

If this fails, we use F35-DISCHARGE-CODE. There is only one map for this field, regardless of plan code.

See Attachment: DSTATUS for a table showing how DSTATUS is mapped.

**FOLOG Calls:** OPR-#12: When F35-PLAN-CODE is equal to '0'-'5', '7', or a '9' and the F35-FI-CLAIM-TYPE is equal to '03' (Inpatient Hospital) and F35-CLAIM-FORM-INDICATOR is equal to 'U' and no match is found for F35-PATIENT-STATUS using table DSTATUS-U or for F35-DISCHARGE-CODE using table DSTATUS-DHS (call FOLOG with F35-PATIENT-STATUS and F35-DISCHARGE-CODE)

OPR-#12: When F35-PLAN-CODE is equal to '0'-'5', '7', or a '9' and the F35-FI-CLAIM-TYPE is equal to '03' (Inpatient Hospital) and F35-CLAIM-FORM-INDICATOR is not equal to 'U' and no match is found for F35-PATIENT-STATUS using table DSTATUS-BLANK or for F35-DISCHARGE-CODE using table DSTATUS-DHS (call FOLOG with F35-PATIENT-STATUS and F35-DISCHARGE-CODE)

OPR-#12: When F35-PLAN-CODE is equal to '0'-'5', '7', or a '9' and the F35-FI-CLAIM-TYPE is equal to '02' (LTC) and no match is found for F35-PATIENT-STATUS using table DSTATUS-LTC or for F35-DISCHARGE-CODE using table DSTATUS-DHS (call FOLOG with F35-PATIENT-STATUS and F35-DISCHARGE-CODE).

OPR-#12: When F35-PLAN-CODE is equal to '8' (Short-Doyle) and no match is found for F35-PATIENT-STATUS using table DSTATUS-U or for F35-DISCHARGE-CODE using table DSTATUS-DHS (call FOLOG with F35-PATIENT-STATUS and F35-DISCHARGE-CODE).

OPR-#13: When F35-PLAN-CODE is equal to '6' (DDS) and no match is found for F35-DISCHARGE-CODE using table DSTATUS-DDS (call FOLOG with F35-DISCHARGE-CODE).

OPR-#14: When F35-PLAN-CODE does not equal '0' - '9' (call FOLOG with F35-PLAN-CODE)

**Default:** Zero (missing value)

**Precedents:** None

**Impact:** The MEDSTAT Case Build uses DSTATUS to determine whether to break a series of admission/extension records into two (or more) Cases. Specifically, if DSTATUS indicates a transfer (2 - 5), a second Case will be started. Thus this field is very important for building Cases properly. This is true, though, only for services which are treated as admission/extension records, i.e., PLACE = Inpatient and SVCTYP = Room & board. Unlike CLMDAYS, we set DSTATUS without regard to whether the record meets these criteria.

Panorama View: this field is found on the Claims Extacts and is used to calculate measures in the Quality

---

Medical Service Claims

---

**Output Field: DSTATUS** Dischg Stat

---

Folder, such as Neonatal Deaths.

DSTATUS is considered when assigning DRG, MDC, and PDX on the Case table.

**Tech. Notes:**

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	5/9/2002	C.Swanson	6	2811	Changed input field length of plan code to 2
	1/10/1999	J. Dittman	4	739	Added impact to PV.
	11/16/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program
	5/14/1998	L. Macklem	3	739	Rewrote as functional spec, replacing pseudo-code with a table, which was removed to an Attachment.
	12/4/1997	W. Wallace	2	513	Updated logic to map all non-DDS, non-UB92, IP Hospital data and identify it by claim-form<>'U' instead of by claim-form=' '.

Medical Service Claims

**Output Field:** DTDISCHG Discharge Dt

**Definition:** The date of discharge as reported on the claim or encounter (CCYY-MM-DD format). Assigned demographically (last non-missing) from claims for all services in case.

**DB2 Name:** DT\_DISCHARGE

**Type:** Medi-Cal Custom Field

**Missing Value:** 0001-01-01

**Data Type:** DATE

**Display Length:** 10

**Storage Length:** 4

Input Fields:	Field Name	Data Type	Length
	F35-DISCHARGE-DATE	S9	8
	PGMCODE		
	PHPCODE		

**Logic:** DTDISCHG = F35-DISCHARGE-DATE, if the input date is a valid date.

If the input date is not a valid date, set the DTDISCHG to 0001-01-01 (the missing value).

If month(DTDISCHG) > month(TAPE\_DT) and year(DTDISCHG) > year(TAPE\_DT) then set DTDISCHG to missing (0001-01-01).

**FOLOG Calls:** OPR #XX: If month(DTDISCHG) > month(TAPE\_DT) and year(DTDISCHG) > year(TAPE\_DT) (call FOLOG using PGMCODE,PHPCODE and DTDISCHG)

**Default:** Jan. 1, 1 (0001-01-01, the missing value). This is assigned if the input field is not a valid date.

**Precedents:** None

**Impact:**

**Tech. Notes:** Y2K compliant as of Phase 5.

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/5/2002	C.Swanson	6	2197	Added FOLOG calls and input required for them.
	7/23/2001	Derek Boorse	6	2197	Change to missing when > TAPE_DT
	8/6/1999	L. Richardson	5	1237	Changed the input field length to 8, removed the logic that century to '19', and removed 'non Y2K' compliant reference.
	1/7/1999	T. Poyner	4	1210	Changed date format from YYYYMMDD to CCYYMMDD description.
	12/28/1998	L. Richardson	4	1162	Added information about the century value being hard coded and that this is not a Y2K compliant field.
	6/3/1998	L. Macklem	3	739	Rewrote as functional spec.



---

Medical Service Claims

---

**Output Field: DTROWUPD**      Date Row Upd

---

**Definition:** The DB2 timestamp representing the date and time a row was inserted into the claims table.

**DB2 Name:** DT\_ROW\_UPD

**Type:** DataScan Core Field

**Missing Value:** None

**Data Type:** TIMESTAMP

**Display Length:** 26

**Storage Length:** 10

---

**Input Fields:**    **Field Name**

N/A

**Data Type**

N/A

**Length**
N/A

---

**Logic:** This field is set to zero by the convert program and is then updated during the DATASCAN CORE - EDIT/INSERT process.

This field is the DB2 timestamp representing the date and time a row was inserted into the claims (or drug) table. The format of the field is : Year-Month-Day-Hours-Minutes-Seconds-Microseconds. This field is not available through the interactive DataScan system, it is used solely for the host software purposes.

**FOLOG Calls:** None

**Default:** None. This field is maintained automatically by DB2.

**Precedents:** None

**Impact:** DTROWUPD is not in any user views.

**Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	12/28/1998	L. Richardson	4	1162	Clarified convert verses CORE logic.

## Medical Service Claims

**Output Field: DX1**

DX: Primary

**Definition:** The primary diagnosis code for the specific inpatient or outpatient service. This will be the first diagnosis code for this service (ICD-9-CM).

**DB2 Name:** DX1\_CD

**Type:** DataScan Core Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 5

**Storage Length:** 5

**Input Fields: Field Name****Data Type****Length**

F35-PRIMARY-DIAGNOSIS

X

6

**Logic:** There are three steps to setting DX1.

1. If the F35-PRIMARY-DIAGNOSIS is all zeros, set DX1 to the default (spaces).
2. DX1 is stored without decimals, i.e., 12.3.4.5 is stored as 12345. Therefore, remove any decimals in the input field and left-justify the remaining characters.
3. DX1 must be an ICD-9 diagnosis code. Therefore, validate that the remaining characters conform to the below pattern for ICD-9 Diagnosis codes, otherwise set DX1 to the default (spaces).
  - a. The minimum length of the field is three positions.
  - b. Position 1 must be numeric, E or V.
  - c. Positions 2 - 3 must be numeric.
  - d. Positions 4 - 5 must be numeric or spaces.
  - e. If position 4 is a space, position 5 must also be a space.

**FOLOG Calls:** OPR-#15: When F35-PRIMARY-DIAGNOSIS is all spaces or all zeroes (call FOLOG with F35-PRIMARY-DIAGNOSIS)

OPR-#15: When DX1 does not fit the pattern laid out in the logic (call FOLOG with F35-PRIMARY-DIAGNOSIS).

**Default:** Spaces (missing value). This is the value set if the input field fails any of the three validation criteria.

**Precedents:** None

**Impact:** DX1 is important for any number of studies. It is used in the assignment of a number of other fields, including service-level MDC.

In Case build, DX1 and DX2 are both used in DRG assignment. The DX1 which returns a valid DRG becomes the Case-level PDX (principal diagnosis code).

In Episodes build, DX1 and DX2 (optional) are used heavily to determine if claims are candidates to create or become members of an episode of care.

Panorama View: this field is found on the Claims Extracts and is used to calculate many of the measures in the Quality Folder.

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/30/2002	C.Swanson	6	2811	Changed output length back to 5. Medstat does not plan to accommodate ICD-10 after it has been adopted in national health coding standards. Programs will be modified to accept the input length of 6 but will still left justify and drop the last digit to the right if necessary.

## Medical Service Claims

Output Field: DX1		DX: Primary			
5/8/2002	C.Swanson	6	2811	Changed input field length to 6	
1/10/1999	J. Dittman	4	739	Added impact to PV.	
1/8/1999	K. Key	4	1162	Clarified the logic. Added step 1. Clarified pattern checking of ICD-9 Diagnosis codes.	
11/16/1998	C. Swanson	4	1162	Wrote spec for FOLOG with Operation Number and display field that corresponds to the Claims Convert Program	
11/6/1998	L Richardson	3	739	Clarified the functional spec in the logic section for item 2.b and added 2.d.	
4/27/1998	L. Macklem	3	739	Rewrote as functional spec.	

Medical Service Claims

**Output Field: DX2** DX:Secondary

**Definition:** The secondary diagnosis code reported for this service (ICD-9-CM).

**DB2 Name:** DX2\_CD

**Type:** DataScan Core Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 5

**Storage Length:** 5

Input Fields:	Field Name	Data Type	Length
	F35-SECONDARY-DIAGNOSIS	X	6

**Logic:** See DX1. The logic is the same for DX2.

**FOLOG Calls:** OPR-#16: When F35-SECONDARY-DIAGNOSIS is all spaces or all zeroes (call FOLOG with F35-SECONDARY-DIAGNOSIS)

OPR-#16: When DX2 does not fit the pattern laid out in the logic (call FOLOG with F35-SECONDARY-DIAGNOSIS).

**Default:** Spaces (missing value). This is the value set if the input field fails any of the three validation criteria.

**Precedents:** None

**Impact:** DX2 is much less critical than DX1, but it is still used in the assignment of DRG for Cases, and can be used in the construction of Episodes.

Panorama View: this field is found on the Claims Extracts and is used to calculate some of the measures in the Quality Folder.

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/30/2002	C.Swanson	6	2811	Changed output length back to 5. Medstat does not plan to accommodate ICD-10 after it has been adopted in national health coding standards. Programs will be modified to accept the input length of 6 but will still left justify and drop the last digit to the right if necessary.
	5/8/2002	C.Swanson	6	2811	Changed input field length to 6
	1/10/1999	J. Dittman	4	739	Added impact to PV.
	11/16/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program
	4/27/1998	L. Macklem	3	739	Rewrote as functional spec.

---

Medical Service Claims

---

**Output Field: ELIGCAT**      Elig Catg.

**Definition:** The broad category of eligibility based on Aid Code of eligible (AIDCODE).

**DB2 Name:** ELIG\_CAT

**Type:** Medi-Cal Custom Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 2

**Storage Length:** 2

---

Input Fields:	Field Name	Data Type	Length
	AIDCODE	9	2

---

**Logic:** ELIGCAT is set in the AIDCODE specification.

**FOLOG Calls:** None

**Default:** Spaces (missing value). This is assigned if the mapping fails.

**Precedents:** AIDCODE

**Impact:** Panorama View: ELIGCAT is a Recipient Dimension (defined as Aid Category) and is found on the Claims Extracts. Therefore, any change to the ELIGCAT values or descriptions need to be reflected in the Panorama View Catalog.

**Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	1/4/1999	J. Dittman	4	739	Added impact to PV.
	12/23/1998	L. Richardson	4	1162	Changed so that ELIGCAT is now being set in AIDCODESpe
	6/3/1998	L. Macklem	3	739	Rewrote as functional spec.

Medical Service Claims

**Output Field:** **ELIGCNTY**      Elig County

**Definition:** The county associated with the eligible. For services, this reflects the county which was responsible for the Medi-Cal eligible for the date of service on the claim or encounter. For the Population and the Eligibility table the county code reflects the county with the "Principal" Aid Code (see AIDCODE).

**DB2 Name:** COUNTY\_CD      **Type:** Medi-Cal Custom Field      **Missing Value:** Zero

**Data Type:** DECIMAL      **Display Length:** 2, 0      **Storage Length:** 2

Input Fields:	Field Name	Data Type	Length
	F35-BID-CNTY	9	2

**Logic:** ELIGCNTY = F35-BID-CNTY when the value is 01 - 58.

ELIGCNTY = 98 (invalid county code) when the value is numeric but <> 01 - 58.

Note: Invalid F35-BID-CNTY is a drop condition in the Splitter, so an invalid code should not get this far. ELIGCNTY should never = 98 or 0 (missing). The validation here is redundant.

**FOLOG Calls:** OPR-#40: When F35-BENE-ID (bytes 1 & 2) is not equal to '01' through '58' or spaces (call FOLOG with F35-BENE-ID bytes 1 & 2).

OPR-#40: When F35-BENE-ID (bytes 1 & 2) is equal to spaces (call FOLOG with F35-BENE-ID bytes 1 & 2).

**Default:** 0 (missing value). This is assigned only if F35-BID-CNTY is non-numeric.

**Precedents:** None

**Impact:** Panorama View: This field is a Recipient Dimension and is found on the Claims Extracts. Therefore, any change to the values or descriptions needs to be reflected in the Panorama View Catalog.

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	11/16/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program.
	6/3/1998	L. Macklem	3	739	Rewrote as functional spec. In so doing, clarified input field (from F35-BENE-ID bytes 1 - 2) to be consistent with Split logic.
	12/31/1997	J. Dittman	3	555	Validate input value before moving, and set to 98 if invalid value.

---

Medical Service Claims

---

**Output Field: ELIGSTAT**      Elig Status

---

**Definition:** A 3-character field representing the status associated with the Principal Aid Code (AIDCODE).

**DB2 Name:** ELIG\_STATUS\_CD

**Type:** Medi-Cal Custom Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 3

**Storage Length:** 3

---

Input Fields:	Field Name	Data Type	Length
	F35-CIN	X	9
	SVCDATE	DATE	4

---

**Logic:** Look up ELIGSTAT in (tag from) Eligibility, matching on:

F35-CIN = Elig EMPID

SVCDATE = Elig ENROLLDT (match only on year and month).

**FOLOG Calls:** None

**Default:** Spaces (missing value). This is assigned if the tagging fails.

**Precedents:** SVCDATE

**Impact:**
**Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/3/1998	L. Macklem	3	739	Rewrote as functional spec.

## Medical Service Claims

---

**Output Field: EMERGIND**      Emergency

**Definition:** An indicator that identifies if the service was performed in an emergency situation. Based on the 35-File EMERGENCY INDICATOR field. The missing value indicates a non-emergency record.
**DB2 Name:** EMERG\_IND**Type:** Medi-Cal Custom Field**Missing Value:** Spaces**Data Type:** CHARACTER**Display Length:** 1**Storage Length:** 1

---

Input Fields:	Field Name	Data Type	Length
	F35-EMERGENCY-IND	X	1

---

**Logic:** EMERGIND = F35-EMERGENCY-IND.

Note: The only documented values for F35-EMERGENCY-IND are 'Y' for emergency and 'N', '0', or space for non-emergency.

**FOLOG Calls:** None**Default:** None.**Precedents:** None**Impact:****Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	12/26/1998	L. Richardson	4	1162	Corrected the spec by removing the alphanumeric condition from the move logic.
	6/3/1998	L. Macklem	3	739	Rewrote as functional spec. In so doing, corrected the input field length.



## Medical Service Claims

**Output Field: EMPID** CIN no**Definition:** The Client Index Number assigned by DHS to the eligible. This field is encrypted.**DB2 Name:** EMP\_ID**Type:** DataScan Core Field**Missing Value:** Spaces**Data Type:** CHARACTER**Display Length:** 12**Storage Length:** 12**Input Fields: Field Name****Data Type****Length**

F35-CIN

X

9

**Logic:** EMPID = F35-CIN (unconditional Move as Is)

Note: Invalid F35-CIN is a drop condition in the Splitter program, a record is dropped during Splitter processing if the F35-CIN is all spaces, all zeros, or low values). This field is encrypted.

**FOLOG Calls:** None**Default:** None**Precedents:** None

**Impact:** EMPID is the main element of the patient identifier throughout the DataScan and PMW databases (the other element is MEMBERNO). It is used to group claims for building DataScan inpatient Cases and Episodes of Care. It is often used in study group views to identify a group of patients. Therefore, it is very important that EMPID be assigned consistently throughout the system.

EMPID ties medical claims, drug claims, Cases and Episodes to the Eligibility table. It is also used in the convert program as the matching key for tagging Eligibility fields to Claims, and for setting NEWBORN and MEMBERNO.

Panorama View: EMPID is used to identify unique recipients and is therefore found on the Drug Extract.

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	11/20/2000	C.Swanson	6	1921	Added note to spec logic that this field is encrypted.
	1/4/1999	J. Dittman	4	739	Added impact to PV.
	11/16/1998	C.Swanson	4	1162	Removed the FOLOG calls - IR #750 changed the field to a move as is.
	11/6/1998	L Richardson	3	750	Changed the logic to move as is based on the fact that the Splitter program handles the validation of the F35-CIN and drops records with invalid CIN.
	6/1/1998	L. Macklem	3	739	Rewrote as functional spec.

## Medical Service Claims

---

**Output Field:** EMPREL      Emp Rel
 

---

**Definition:** This value will always be set to 1 for Medi-Cal. Hidden for Medi-Cal.**DB2 Name:** EMP\_REL\_CD**Type:** DataScan Core Field**Missing Value:** None**Data Type:** DECIMAL**Display Length:** 2, 0**Storage Length:** 2

---

**Input Fields:** Field Name

N/A

**Data Type**

N/A

**Length**N/A
 

---

**Logic:** EMPREL is always set to 1.

\*\*\*Note: This field is designed to categorize employees from spouses and dependents using the DATASCAN CORE valid values are 1 -Employee, 2-Spouse, 3-Child/Other Dependent, 4-Any Dependent. This relationship recognition is not designed for Medi-Cal but instead for the support of employer based health insurance plans where family members typically share a common ID. In Medi-Cal each individual has their own ID (the CIN) and therefore, this field is used only because it is a DATASCAN required field and it is always set to 1-Employee for all eligibles\*\*\*

**FOLOG Calls:** None**Default:** None (field is set to a constant).**Precedents:** None**Impact:****Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	1/8/1999	K. Key	4	N/A	In order to match the EGAD table, modified the missing rule be zero instead of none.
	12/24/1998	L. Richardson	4	1162	Changed the missing rule to none and added clarifying note.
	6/16/1998	Tina Poyner	3	N/A	Changed back to Decimal 2 until further clarification
	6/15/1998	Tina Poyner	3	N/A	Changed from Decimal 2 to Decimal 1 per AA
	4/27/1998	L. Macklem	3	739	Rewrote as functional spec.

## Medical Service Claims

**Output Field: EMPZIP**      Elig Zipcode**Definition:** The zip code as reported on the eligible/recipient's MEDS record.**DB2 Name:** EMP\_ZIP\_CD**Type:** DataScan Core Field**Missing Value:** Zero**Data Type:** INTEGER**Display Length:** 5**Storage Length:** 4

Input Fields:	Field Name	Data Type	Length
	F35-CIN	X	9
	SVCDATE	DATE	10

**Logic:** Look up EMPZIP in (tag from) the Eligibility table, matching on:

F35-CIN = EMPID

SVCDATE = ENROLDT (for the match, set SVCDATE day-of-month to 1, since ENROLDT is always the first of the month)

When a match is found, set EMPZIP = EMPZIP from the Eligibility Table, if the Eligibility table EMPZIP is not equal to all zeros, 9s or low values.

If the Eligibility table EMPZIP is equal to all zeros, 9s or low values, set EMPZIP to zero (missing).

**FOLOG Calls:** None**Default:** 0 (missing value). This is assigned if the tag fails, or if it succeeds but the tagged value is all zeros, 9s or low values (which shouldn't happen, since EMPZIP is validated in the Eligibility conversion program).**Precedents:** SVCDATE**Impact:****Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	12/26/1998	L. Richardson	4	1162	Added more precise information to logic describing when to set to missing.
	4/27/1998	L. Macklem	3	739	Rewrote as functional spec.

## Medical Service Claims

**Output Field: ETHNCTY** Ethnicity**Definition:** The ethnicity of the Medi-Cal beneficiary.**DB2 Name:** ETHNICITY\_ELIG**Type:** Medi-Cal Custom Field**Missing Value:** Spaces**Data Type:** CHARACTER**Display Length:** 2**Storage Length:** 2

<b>Input Fields:</b>	<b>Field Name</b>	<b>Data Type</b>	<b>Length</b>
	F35-CIN	X	9
	MBR-EMPID	X	12
	MBR-ENROLLDT	DATE	4
	MBR-ETHNCTY	X	2
	SVCDATE	DATE	

**Logic:** Look up in the Eligibility Table matching on:

F35-CIN = MBR-EMPID

SVCDATE = MBR-ENROLLDT (match only on year and month).

When an Elig-Match is found, set ETHNCTY = MBR-ETHNCTY.

If no Elig-Match is found, Set ETHNCTY = spaces (missing)

**FOLOG Calls:** OPR-#65: When an Elig-Match is found and MBR-ETHNCTY equals spaces (call FOLOG).**Default:** Spaces (missing value). Set if no Elig-Match is found.**Precedents:** SVCDATE**Impact:** Panorama View: This field is a Recipient Dimension and is found on the Claims Extracts. Therefore, any change to ETHNCTY values or descriptions needs to be reflected in the Panorama View Catalog.**Tech. Notes:**

<b>Revisions:</b>	<b>Date</b>	<b>Author(s)</b>	<b>Phase</b>	<b>IR(s)</b>	<b>Description</b>
	8/11/1999	L Richardson	5	1247	Changed logic to tag from Elig or set to missing, change FOLOG OPR #65 to be called when MBR-ETHNCTY is spaces, no longer checks F35-BENE-RACE or the map.
	1/4/1999	J. Dittman	4	739	Added impact to PV.
	12/24/1998	L Richardson	4	1162	Added clarifying information in the logic.
	11/16/1998	C.Swanson	4	1162	Re-worded FOLOG call for clarity and updated FOLOG with Operation Number and displayed field that corresponds to th Claims Convert Program.
	6/3/1998	L. Macklem	3	739	Rewrote as functional spec. In so doing, added F35-BENE-RACE to input field list.
	12/11/1997	J. Dittman	2	435 435 474	Use F35-BENE-RACE is tag fails. ETHNCTY = 8 if F35-BENE-RACE is invalid value.

---

Medical Service Claims

---



---

**Output Field: FBU**                      Budget Unit

---

**Definition:** A view of the 8th byte of the CASENUM field that represents the Family Budget Unit assigned by the county

**DB2 Name:** FBU

**Type:** Medi-Cal Custom Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 1

**Storage Length:** 1

---

**Input Fields:**    **Field Name**  
CASENUM

<b>Data Type</b>	<b>Length</b>
CHARACTER	10

---

**Logic:** FBU = the 8th byte of the CASENUM

**FOLOG Calls:**

**Default:** Spaces when CASENUM is set to spaces.

**Precedents:** CASENUM

**Impact:**

**Tech. Notes:**

---

<b>Revisions:</b>	<b>Date</b>	<b>Author(s)</b>	<b>Phase</b>	<b>IR(s)</b>	<b>Description</b>
	8/6/2002	C.Swanson	6	2811	Removed reference to FBU being a "view" of the CASENUM FBU will now be a separate field.
	10/8/1999	L. Richardson	5	1257	Added to the table.

---

Medical Service Claims

---

**Output Field: FCASEFBU** Case Nbr FBU

---

**Definition:** A view of the first 8 bytes of the CASENUM field that represents the family case number and budget unit assigned by the county. The first 7 bytes are encrypted.

**DB2 Name:** FCASEFBU **Type:** Medi-Cal Custom Field **Missing Value:** Spaces

**Data Type:** CHARACTER **Display Length:** 8 **Storage Length:** 8

---

Input Fields:	Field Name	Data Type	Length
	CASENUM	CHARACTER	10

---

**Logic:** FCASEFBU = the first 8 bytes of CASENUM

NOTE: The first 7 bytes of this field are encrypted.

**FOLOG Calls:**

**Default:** Spaces when CASENUM is set to spaces.

**Precedents:** CASENUM

**Impact:**

**Tech. Notes:**

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	8/6/2002	C.Swanson	6	2811	Removed reference to FCASEFBU being a "view" of the CASENUM. FCASEFBU will now be a separate field.
	11/29/2000	C.Swanson	6	1921	Added encryption note to logic
	10/8/1999	L. Richardson	5	1257	Added to the table.

## Medical Service Claims

---

**Output Field: FCASENBR** Fam Case Nbr
 

---

**Definition:** A view of the first 7 bytes of the CASENUM field that represents the case number assigned by the county for the family. The first 7 bytes are encrypted.

**DB2 Name:** FCASENBR

**Type:** Medi-Cal Custom Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 7

**Storage Length:** 7

---

Input Fields:	Field Name	Data Type	Length
	CASENUM	CHARACTER	10

---

**Logic:** FCASENBR = the first 7 bytes of CASENUM

NOTE: This field is encrypted.

**FOLOG Calls:**

**Default:** Spaces when CASENUM is set to spaces.

**Precedents:** CASENUM

**Impact:**

**Tech. Notes:**

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	8/6/2002	C.Swanson	6	2811	Removed reference to FCASENBR being a "view" of the CASENUM. FCASENBR will now be a separate field.
	11/29/2000	C.Swanson	6	1921	Added encryption note to logic
	10/8/1999	L. Richardson	5	1257	Added to the table.

## Medical Service Claims

---

**Output Field: GEOLOC**      Geoloc
 

---

**Definition:** Locations defined by The MEDSTAT Group, based on the eligible's zip code.**DB2 Name:** GEOLOC**Type:** DataScan Core Field**Missing Value:** Zero**Data Type:** SMALLINT**Display Length:** 5**Storage Length:** 2

---

**Input Fields: Field Name**

N/A

**Data Type**

N/A

**Length**N/A
 

---

**Logic:** Claim Convert Logic:

Sets GEOLOC to 0 (zero)

DATASCAN CORE Logic:

Maps GEOLOC during the Edit process using the EMPZIP. When the EMPZIP is part of a Metropolitan Statistical Area (MSA), the MSA code plus 10,000 is assigned to GEOLOC. For example if the EMPZIP belongs to MSA 2160, then the value 12160 is assigned to GEOLOC.

When EMPZIP is not part of a specific MSA, the Edit process will attempt to map EMPZIP to a state code. If the EMPZIP is non-specific and can not be mapped to a state code, Edit will attempt to map it to a region code. If it can not be mapped to a region code, GEOLOC is assigned the value '001 - Nation, unknown region'.

**FOLOG Calls:** None**Default:** 0 (zero)**Precedents:** None**Impact:****Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	1/24/1999	L. Richardson	4	1162	Converted to functional spec.
	12/8/1998	K. Key	4	N/A	In order to match the EGAD table, modified the missing rule be zero instead of none.
	11/16/1998	K. Key	4	1162	Modified default value to be zero.

---



## Medical Service Claims

**Output Field: HDRPAID** Header Paid

**Definition:** This is the F35-Header-Medi-Cal-Paid-Amount. This value is moved to DSS claim that represents the first detail segment from the F35-File claim record. Depending on the service, this value could end up on either the Drug Table or one of the Claim Tables.

**DB2 Name:** HEADER\_PAID\_AMT**Type:** Medi-Cal Custom Field**Missing Value:** Zero**Data Type:** DECIMAL**Display Length:** 7, 0**Storage Length:** 4

Input Fields:	Field Name	Data Type	Length
	F35-HDR-TOTAL-MEDI-CAL-PAID-AMT	S9(7)V99	9
	F35-PLAN-CODE	X	2
	F35-SEGMENT-COUNT	99	2

**Logic:** When f35-Plan-Code is not equal to 02 (GMC) or 04 (COHS)  
and the f35-Segment-Count is equal to 1,  
Set HDRPAID = F35-HDR-Total-Medi-Cal-Paid-Amt (rounded)

Otherwise, set HDRPAID = zero.

**FOLOG Calls:****Default:** Zero**Precedents:** None**Impact:**

**Tech. Notes:** This field is moved to only the first detail segment that becomes a claim record on the DSS. Because of the way the Splitter program may split claim details between the Drug and Claim Table, this field may show up on any one of these two tables, depending on which table receives the first detail service record.

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	5/9/2002	C.Swanson	6	2811	Changed input field length of plan code to 2
	1/11/2000	L Richardson	5.3	1530	New field added.

## Medical Service Claims

---

**Output Field:** HEDISCOH      HEDIS Cohort
 

---

**Definition:** The thirty-four age and gender cohorts defined by NCQA for HEDIS reporting.**DB2 Name:** HEDIS\_COHORT\_TYP**Type:** DataScan Core Field**Missing Value:** Zero**Data Type:** SMALLINT**Display Length:** 5**Storage Length:** 2

---

**Input Fields:**    **Field Name**
**Data Type****Length**

N/A

N/A

N/A

---

**Logic:** Claim Convert Logic:

Sets HEDISCOH to 0 (zero).

DATASCAN CORE Logic:

Sets HEDISCOH to the HEDIS COHORT assignment found in the MEDSTAT HEDIS COHORT Table based on a match of AGE and SEX. When the AGE and SEX values are matched the following valid values will be assigned:

- 1 Males, age < 1
- 2 Males, age 1-4
- 3 Males, age 5-9
- 4 Males, age 10-14
- 5 Males, age 15-19
- 6 Males, age 20-24
- 7 Males, age 25-29
- 8 Males, age 30-34
- 9 Males, age 35-39
- 10 Males, age 40-44
- 11 Males, age 45-49
- 12 Males, age 50-54
- 13 Males, age 55-59
- 14 Males, age 60-64
- 15 Males, age 65-74
- 16 Males, age 75-84
- 17 Males, age 85 +
- 31 Females, age < 1
- 32 Females, age 1-4
- 33 Females, age 5-9
- 34 Females, age 10-14
- 35 Females, age 15-19
- 36 Females, age 20-24
- 37 Females, age 25-29
- 38 Females, age 30-34
- 39 Females, age 35-39
- 40 Females, age 40-44
- 41 Females, age 45-49
- 42 Females, age 50-54
- 43 Females, age 55-59
- 44 Females, age 60-64
- 45 Females, age 65-74
- 46 Females, age 75-84
- 47 Females, age 85 +

---

Medical Service Claims

---

**Output Field:** HEDISCOH      HEDIS Cohort

---

**FOLOG Calls:** None

**Default:** 0 (zero)

**Precedents:** None

**Impact:**

**Tech. Notes:**

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	1/24/1999	L. Richardson	4	1162	Converted to functional spec.
	12/8/1998	K. Key	4	N/A	In order to match the EGAD table, modified the missing rule be zero instead of none.
	11/16/1998	K. Key	4	1162	Updated default to be zero and missing value to be none.

## Medical Service Claims

---

**Output Field: HFPANUM**      HFPANUM

**Definition:** The Health Facility Planning Area (HFPANUM), derived from Zip Code: Provider (PROVZIP) and a file provided by the Office of Statewide Health Planning and Development (OSHPD).

**DB2 Name:** HFPANUM

**Type:** Medi-Cal Custom Field

**Missing Value:** Zero

**Data Type:** SMALLINT

**Display Length:** 4

**Storage Length:** 2

---

Input Fields:	Field Name	Data Type	Length
	PROVZIP	INTEGER	5

---

**Logic:** Look up HFPANUM in (map from) the HFPANUM map, matching on:

PROVZIP = HFPANUM PROVZIP

When a match is found, set HFPANUM = HFPANUM from the map.  
If no match is found set HFPANUM equal to zero (missing).

Note: the map HFPANUM includes only PROVZIP values > 90000 (California).

**FOLOG Calls:** None

**Default:** Zero (missing value). This will be assigned if the mapping fails.

**Precedents:** PROVZIP

**Impact:**

**Tech. Notes:**

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	1/21/1999	K. Key	4	1196	Deleted "For selected providers, provider type 22 (Physician and Osteopath Groups) and provider type 26 (Physicians and Osteopaths) with multiple locations and where the Medi-Cal Provider Id does not begin with an 'X', this is derived from servicing zip code of the last assigned Medi-Cal Provider Id." from the definition.
	12/26/1998	L. Richardson	4	1162	Clarified mapping logic.
	6/5/1998	L. Macklem	3	739	Rewrote as functional spec.

---

Medical Service Claims

---



---

**Output Field:** IOPLANPD      I/O Plan Pd

---

**Definition:** Indicator of the level of benefit paid, i.e., was the claim paid at the in-plan benefit level regardless of whether the provider belongs to the network.

**DB2 Name:** IN\_OUT\_PLAN\_PD

**Type:** Req'd for Mgd Care Rptg

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 1

**Storage Length:** 1

---

**Input Fields:**


---

**Logic:** IOPLANPD = space (missing value).

**FOLOG Calls:** None

**Default:** None. The logic assigns space (missing value) as a constant.

**Precedents:** None

**Impact:**

**Tech. Notes:**

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/2/1998	L. Macklem	3	739	Rewrote as functional spec.

## Medical Service Claims

**Output Field: LANGUAGE** Lang Elig**Definition:** The language as received from the eligible's MEDS record.**DB2 Name:** LANGUAGE\_ELIG**Type:** Medi-Cal Custom Field**Missing Value:** Spaces**Data Type:** CHARACTER**Display Length:** 2**Storage Length:** 2

Input Fields:	Field Name	Data Type	Length
	F35-CIN	X	9
	SVCDATE	DATE	4

**Logic:** Look up LANGUAGE in (tag from) Eligibility, matching on both the following:

F35-CIN = Elig EMPID

SVCDATE = Elig ENROLLDT (match on year and month only)

When the match is found, if the Elig Table value for Language is not low values move the Elig LANGUAGE to LANGUAGE. If the Elig Table value for LANGUAGE is low values or no match is found, set LANGUAGE to spaces (missing).

**FOLOG Calls:** None**Default:** Spaces (missing value). This is assigned if the tagging fails.**Precedents:** SVCDATE**Impact:** Panorama View: this field is a Recipient Dimension and is found on the Claims Extracts. Therefore, any change to the LANGUAGE values or descriptions needs to be reflected in the Panorama View Catalog.**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	1/4/1999	J. Dittman	4	739	Added impact to PV.
	12/28/1998	L. Richardson	4	1162	Clarified the tagging statement.
	6/5/1998	L. Macklem	3	739	Rewrote as functional spec.

Medical Service Claims

**Output Field: LATCODE** Latitude

**Definition:** Latitude assigned for use by MapInfo, consisting of a 7-digit signed number. For claims, assigned based on the servicing address of the billing provider.

**DB2 Name:** LATITUDE\_MEASURE **Type:** Medi-Cal Custom Field **Missing Value:** None

**Data Type:** DECIMAL **Display Length:** 7, 4 **Storage Length:** 4

Input Fields:	Field Name	Data Type	Length
	F35-PROVIDER-NUMBER	X	9

**Logic:** LATCODE is set during the tagging of PROVID. See PROVID. See also GeoCoding Background Document for more information.

**FOLOG Calls:** OPR-#41: When tagging to the Provider File to find the latitude code of the Billing Provider (PROVID) and no match is found (call FOLOG with F35-PROVIDER-NUMBER).

**Default:** Zero . This will be assigned if the input value does not match \*any\* of the listed IDs in the Provider Background table.

**Precedents:** PROVID

**Impact:** Provider latitude and longitude codes are used with MapInfo to graphically display access patterns. For both Claim and Drug records, these reflect the location of the provider represented by PROVID. For Claim records, they reflect the servicing location of the billing ID.

**Tech. Notes:** A DB2 view has been created effective TB3.2 and thereafter to allow the display of 4 decimal places in LATCODE and LONGCODE fields in DataScan and IQ/Objects. This DB2 view allows the numeric fields to be viewed as character fields. When a field is viewed as a character field, no arithmetic operations can be performed on it.

In order for the field to be displayed as a character field in DataScan when it is stored as a decimal value, the DM Workbook will state that the field is decimal and has a data length of 4. The EGAD Detail will represent this field as a character field with a length of 10.

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/23/1999	K. Key	4	N/A	Added reference to the GeoCode Background Document.
	1/22/1999	L. Richardson	4	1162	Indicated all the tagging logic resides under PROVID.
	1/21/1999	C. Hubbert	4	1162	Clarified technical notes stating why there is a difference between the DM Workbook and the EGAD Detail.
	12/28/1998	L. Richardson	4	1162	Clarified the tagging logic.
	11/16/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program.
	10/28/1998	C. Hubbert	3	824	Updated Technical Notes with DB2 view information
	8/6/1998	C. Hubbert	3	1000	Added PROVPLAN as one of the provider identifier fields to tag on.
	8/5/1998	C. Hubbert	3	1037	Add PROVLCU to match criteria for tagging. PROVLCU is the Uncollapsed Provider License number.
	5/28/1998	L. Richardson L. Macklem	3	824	Changed to numeric to support MAPINFO. Clarified that missing value is valid value.
	5/18/1998	L. Macklem	3	739	Rewrote as functional spec. In so doing, combined LATCODE and LONGCODE.

Medical Service Claims

**Output Field: LINENUM** Line Number

**Definition:** A number on the claim that identifies the service detail line, as reported on the 35-File. Please note that this line number may not match the line number reported on the original claim, as segments are sometimes modified during Claims Adjudication processing. See also, Claim Number (ICN).

**DB2 Name:** LINE\_NUMBER **Type:** Medi-Cal Custom Field **Missing Value:** Zero

**Data Type:** SMALLINT **Display Length:** 2 **Storage Length:** 2

Input Fields:	Field Name	Data Type	Length
	F35-SEQ-LINE-NUMBER	NUMERIC	2

**Logic:** LINENUM = F35-SEQ-LINE-NUMBER (output of Splitter). See Splitter background document for further information.

**FOLOG Calls:** None

**Default:** Zero

**Precedents:** None

**Impact:**

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	3/12/2003	J. Abbott	6	3001	Change input field to F35-SEQ-LINE-NUMBER
	5/6/2002	C.Swanson	6	2811	Change input field to be F35-CCN-LINE-NUMBER
	1/8/1999	K. Key	4	N/A	In order to match the EGAD table, modified the missing rule be zero instead of none.
	12/27/1998	L. Richardson	4	1162	Added note about drop criteria in splitter and changed missing rule from zero to none.
	6/5/1998	L. Macklem	3	826	The Splitter now moves the segment number into F35-SEGMENT-CNT, rather than the Claim convert program assigning it from an internal counter.



---

Medical Service Claims

---

**Output Field: LINEORIG**      Orig. Line

**Definition:** A number on the claim that identifies the service detail line, as reported by ITSD on the F35 file. See also Claim Number (ICN) and Line Number (LINENUM).

**DB2 Name:** LINE\_ORIG

**Type:** Medi-Cal Custom Field

**Missing Value:** Zero

**Data Type:** SMALLINT

**Display Length:** 2

**Storage Length:** 2

Input Fields:	Field Name	Data Type	Length
	F35-CCN-LINE-NUMBER	NUMERIC	2

**Logic:** LINE-ORIG = F35-CCN-Line-Number if numeric  
else set to 0 (missing)

**FOLOG Calls:**
**Default:** zero

**Precedents:** None

**Impact:**
**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	3/12/2003	J. Abbott	6	3001	Create spec.

Medical Service Claims

**Output Field: LONGCODE** Longitude

**Definition:** Longitude assigned for use by MapInfo, consisting of a 7-digit number. For claims, assigned based on the servicing address of the billing provider.

**DB2 Name:** LONGITUDE\_MEASURE **Type:** Medi-Cal Custom Field **Missing Value:** None

**Data Type:** DECIMAL **Display Length:** 7, 4 **Storage Length:** 4

Input Fields:	Field Name	Data Type	Length
	F35-PROVIDER-NUMBER	X	9

**Logic:** LONGCODE is set during the tagging of PROVID. See PROVID. See also GeoCoding Background Document for more information.

**FOLOG Calls:** OPR-#42: When tagging to the Provider File to find the longitude code of the Billing Provider (PROVID) and no match is found (call FOLOG with F35-PROVIDER-NUMBER).

**Default:** Zero . This will be assigned if the input value does not match \*any\* of the listed IDs in the Provider Background table.

**Precedents:** None

**Impact:** Provider latitude and longitude codes are used with MapInfo to graphically display access patterns. For both Drug and Claim records, these reflect the location of the provider represented by PROVID. For Drug records, they reflect the location of the pharmacy/pharmacist that filled the prescription.

**Tech. Notes:** A DB2 view has been created effective TB3.2 and thereafter to allow the display of 4 decimal places in LATCODE and LONGCODE fields in DataScan and IQ/Objects. This DB2 view allows the numeric fields to be viewed as character fields. When a field is viewed as a character field, no arithmetic operations can be performed on it.

In order for the field to be displayed as a character field in DataScan when it is stored as a decimal value, the DM Workbook will state that the field is decimal and has a data length of 4. The EGAD Detail will represent this field as a character field with a length of 10.

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/23/1999	K. Key	4	N/A	1) Added reference to the GeoCode Background Document. Added impact statement.
	1/22/1999	L. Richardson	4	1162	Indicated all the tagging logic resides under PROVID.
	1/21/1999	C. Hubbert	4	1162	Clarified technical notes stating why there is a difference between the DM Workbook and the EGAD Detail.
	12/8/1998	K. Key	4	N/A	In order to match the EGAD table, modified the missing rule be none instead of zero.
	11/17/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program
	10/28/1998	C. Hubbert	3	824	Updated Technical Notes with DB2 view information
	8/6/1998	C. Hubbert	3	1000	Added PROVPLAN as one of the provider identifier fields to tag on.
	8/5/1998	C. Hubbert	3	1037	Add PROVLICU to match criteria for tagging. PROVLICU is the Uncollapsed Provider License number.
	5/28/1998	L. Richardson	3	824	Changed to numeric to support MAPINFO.
	5/18/1998	L. Macklem	3	739	Combined with LATCODE.

---

Medical Service Claims

---

**Output Field: MCALAGE**      M-Cal Age Gp

---

**Definition:** A value identifying the eligible's Medi-Cal age group.

**DB2 Name:** MCAL\_AGE\_GRP

**Type:** Medi-Cal Custom Field

**Missing Value:** Zero

**Data Type:** DECIMAL

**Display Length:** 2, 0

**Storage Length:** 2

---

**Input Fields: Field Name**
**Data Type**
**Length**

AGE

9

3

---

**Logic:** Look up MCALAGE in (map from) the MCALAGE map, matching on:

AGE = MCALAGE Age Value

When a match is found set MCALAGE to the MCALAGE Age Value found in the map.

If no match is found set MCALAGE to zero (missing).

\*\*This is assigned if AGE is missing (NULL) or AGE &gt; 125 (maximum Age Value on the map).

**FOLOG Calls:** None

**Default:** Zero (missing value).

**Precedents:** AGE

**Impact:** Panorama View: MCALAGE is a Recipient Dimension and is found on the Claims Extracts. Therefore, any change to MCALAGE values or descriptions needs to be reflected in the Panorama View Catalog.

**Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	1/4/1999	J. Dittman	4	739	Added impact to PV.
	12/29/1998	L. Richardson	4	1162	Corrected the max age to 125 and clarified the mapping logi
	6/5/1998	L. Macklem	3	739	Rewrote as functional spec.

---

Medical Service Claims

---



---

**Output Field:** MCALPOS      Medi-Cal POS

---

**Definition:** The Medi-Cal place of service as reported on the claim or encounter. Based on the 35-File field MIO-POS.

**DB2 Name:** MCAL\_POS

**Type:** Medi-Cal Custom Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 1

**Storage Length:** 1

---

Input Fields:	Field Name	Data Type	Length
	F35-MIO-POS	X	1

---

**Logic:** MCALPOS = F35-MIO-POS.

**FOLOG Calls:** None

**Default:** None

**Precedents:** None

**Impact:**

**Tech. Notes:**

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/5/1998	L. Macklem	3	739	Rewrote as functional spec.

Medical Service Claims

**Output Field: MDC** MDC

**Definition:** A value assigned by The MEDSTAT Group to inpatient admissions and outpatient services identifying the major diagnostic category based on the diagnosis. Assigned using the HCFA DRG grouper. MDC is set to 0 (zero) on Drug Claims.

**DB2 Name:** MDC\_CD

**Type:** DataScan Core Field

**Missing Value:** None

**Data Type:** SMALLINT

**Display Length:** 5

**Storage Length:** 2

Input Fields:	Field Name	Data Type	Length
	N/A	N/A	N/A

**Logic:** Claim Convert Logic:

Sets MDC to 0 (zero).

DATASCAN CORE Logic:

The Edit process requires valid values in the converted fields SEX and DX1 for the assignment of MDC. A mapping table purchased from HIS reads in the DX1 code and the SEX code and returns an MDC value for that outpatient record. The exact logic follows below. Each step is completed for each record until either a valid MDC has been assigned, or all steps have been completed.

1. Edit calls the mapping table with the DX1 from the record, and with SEX set to 0 (undesigned).
2. If a valid MDC is not returned, then Edit calls the table with the DX1 and the SEX from the record.
3. If a valid MDC is not returned, then Edit calls the table with the DX1 padded with a "9" in the fourth position and a "0" in the fifth position, if these were previously spaces. The padded DX1 goes to the mapping table with SEX set to 0.
4. If a valid MDC is not returned, the Edit calls the table with the padded DX1 and the SEX code.
5. If a valid MDC is not returned, the Edit strips the fifth digit from the DX1 (if a 9 or 0) and calls the table with SEX set to zero. If that fails, then it calls the table with the SEX code from the record.
6. If a valid MDC is not returned, the Edit strips the fourth digit from the DX1 (if a 9 or 0) and calls the table with SEX set to zero. If that fails, then it calls the table with the SEX code from the record.
7. If a valid MDC is not returned, and the DX1 starts with a "V", is three digits (but not V43), then Edit pads the fourth and fifth positions with "0"s and calls the table with SEX set to zero. If that fails, then it calls the table with the SEX code from the record.
8. If all of the above steps fail, then MDC is set to 0.

Note: The "padding" and "stripping" of DX1 codes is not reflected in the DX1 carried on the record. The padding and stripping is temporary, and for MDC assignment purposes only.

Valid Values:

---

Medical Service Claims

---

**Output Field: MDC****MDC**


---

0 Missing/Invalid Diagnosis  
 1 Nervous  
 2 Eye  
 3 Ear, Nose, Mouth & Throat  
 4 Respiratory  
 5 Circulatory  
 6 Digestive  
 7 Liver, Pancreas  
 8 Musculoskeletal  
 9 Skin, Breast  
 10 Metabolic  
 11 Kidney  
 12 Male Reproductive  
 13 Female Reproductive  
 14 Pregnancy, Childbirth  
 15 Newborns  
 16 Blood  
 17 Spine, Bone Marrow  
 18 Infections  
 19 Mental  
 20 Alcohol/Drug Use  
 21 Injuries, Poisonings  
 22 Burns  
 23 Health Status  
 24 Multiple Trauma  
 25 HIV Infections

**FOLOG Calls:** None**Default:** 0 (zero)**Precedents:** None**Impact:****Tech. Notes:**


---

<b>Revisions:</b>	<b>Date</b>	<b>Author(s)</b>	<b>Phase</b>	<b>IR(s)</b>	<b>Description</b>
	1/24/1999	L. Richardson	4	1162	Converted to functional spec.
	11/16/1998	K. Key	4	1162	Updated default value to be zero.

## Medical Service Claims

---

**Output Field: MEDICARE** Medicare Ind
 

---

**Definition:** Indicates Medicare coverage. On Inpatient Service, Outpatient Service, Episode and Drug tables, indicates Medicare payment for some portion of the claim. On the Population table, indicates the individual is eligible for Medicare.

**DB2 Name:** MEDICARE\_IND**Type:** Medi-Cal Custom Field**Missing Value:** Spaces**Data Type:** CHARACTER**Display Length:** 1**Storage Length:** 1

---

Input Fields:	Field Name	Data Type	Length
	F35-MEDICARE-INDICATOR	X	1

---

**Logic:** MEDICARE = 1 when F35-MEDICARE-INDICATOR = 1.

Note: Through Phase 4, the Splitter drops all records where F35-MEDICARE-INDICATOR = 1, so MEDICARE should always = missing (space) before Phase 5.

**FOLOG Calls:** None

**Default:** Space (missing value). This is assigned if the input field <> 1.

**Precedents:** None

**Impact:** Panorama View: this field is on the Claims Extracts for use at a later date.

**Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	1/4/1999	J. Dittman	4	739	Added impact to PV.
	6/5/1998	L. Macklem	3	739	Rewrote as functional spec>

## Medical Service Claims

**Output Field: MEDPHP** Medical PHP**Definition:** The Medical Plan for an Eligible.**DB2 Name:** MED\_PHP**Type:** Medi-Cal Custom Field**Missing Value:** Spaces**Data Type:** CHARACTER**Display Length:** 3**Storage Length:** 3

<b>Input Fields:</b>	<b>Field Name</b>	<b>Data Type</b>	<b>Length</b>
	F35-CIN	X	9
	MBR-EMPID	X	9
	MBR-ENROLLDT	DATE	10
	MBR-MEDPHP	X	3
	SVCDATE	DATE	10

**Logic:** Look up MEDPHP in (tag from) Eligibility, matching on:

F35-CIN = MBR-EMPID

SVCDATE = MBR-ENROLLDT (match only on year and month).

When an Elig-Match is found, set MEDPHP = MBR-MEDPHP

If there was no matching Elig record, set MEDPHP = spaces (missing).

**FOLOG Calls:****Default:** Spaces, when no Elig-Match can be found.**Precedents:** SVCDATE**Impact:****Tech. Notes:**

<b>Revisions:</b>	<b>Date</b>	<b>Author(s)</b>	<b>Phase</b>	<b>IR(s)</b>	<b>Description</b>
	8/13/1999	L Richardson	5	1247	Original spec for this field on the Drug Table.



## Medical Service Claims

---

**Output Field: MEMBERNO**      Member Nbr
 

---

**Definition:** Contains an identifier which, when used in conjunction with EMPID, uniquely identifies a Medi-Cal beneficiary.

**DB2 Name:** MEMBER\_NBR

**Type:** DataScan Core Field

**Missing Value:** None

**Data Type:** DECIMAL

**Display Length:** 9, 0

**Storage Length:** 5

---

Input Fields:	Field Name	Data Type	Length
	NEWBORN	X	1

---

**Logic:** If NEWBORN = 'Y', then set MEMBERNO = 1.

If NEWBORN <> 'Y', then set MEMBERNO = 0 (zero).

**FOLOG Calls:** OPR-#63: When NEWBORN equals yes (call FOLOG with the counts displayed).

**Default:** Zero. This is the value set if NEWBORN <> Y.

**Precedents:** NEWBORN

**Impact:** DataScan uses as a patient ID EMPID + MEMBERNO (concatenated, not added). It was decided to set MEMBERNO = 1 when NEWBORN = Y so that DataScan would build separate Cases for a mother and her newborn who is using her CIN. Without assigning them different MEMBERNOs (mother's is 0, baby's is 1), mother's and baby's hospitalizations would appear as one Case.

**Tech. Notes:**

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	11/17/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program
	4/27/1998	L. Macklem	3	739	Rewrote as functional spec.

Medical Service Claims

**Output Field:** NETPAY Net Payment

**Definition:** NETPAY is the Medi-Cal reimbursement (detail-line) amount, except for capitated services where it is set to zero.

**DB2 Name:** NET\_PAY\_AMT

**Type:** DataScan Core Field

**Missing Value:** None

**Data Type:** DECIMAL

**Display Length:** 7, 0

**Storage Length:** 4

Input Fields:	Field Name	Data Type	Length
	F35-MEDI-CAL-REIM-AMT	S9(7)V99	9
	F35-PLAN-CODE	X	2

**Logic:** NETPAY is the Medi-Cal reimbursement amount, \*except\* for capitated services, where it is set to zero.

The logic is:

When F35-PLAN-CODE = 2 (Managed Care Encounter ) or 4 (COHS) or F35-MEDI-CAL-REIM-AMT not numeric,  
set NETPAY = 0.

When F35-PLAN-CODE <> 2 (Managed Care Encounter ) or 4 (COHS),  
set NETPAY (if numeric) \*\*rounded to the nearest dollar.\*\*

**FOLOG Calls:** OPR-#:17: When F35-PLAN-CODE is not equal to a '2' or a '4' (Capitated) and F35-MEDICAL-REIM-AMT is not numeric (call FOLOG with F35-MEDICAL-REIM-AMT)

**Default:** Zero. This is the value that will be set if the input field is non-numeric. Since there is no missing value for this field, you cannot tell the difference between a reported zero and an invalid input value.

**Precedents:** None

**Impact:** NETPAY is the only financial field set to zero for capitated services (the reported amount is stored in RPTNETMC). As a result, the PAY calculation means different things for capitated and FFS services. When including financial fields in reports or queries, it is advisable to subset on CAPIND = Y or CAPIND = missing (space).

Because DataScan does not store pennies for this field, some DataScan financial reports may vary from control reports due to rounding.

Panorama View: this field is on the Claims Extracts and is used to display Net Payments of the Claim records.

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	1/24/1999	L. Richardson	4	1162	Add logic ondition for F35-Medi-Cal-Reim-Amt not numeric set to zero.
	1/4/1999	J. Dittman	4	739	Added impact to PV.
	11/17/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program. Also removed reference to 'low values'.

## Medical Service Claims

**Output Field: NETWORK** Network**Definition:** The medical plan of the eligible as reported on the eligibility extract.**DB2 Name:** NETWORK\_ID**Type:** Req'd for Mgd Care Rptg**Missing Value:** Spaces**Data Type:** CHARACTER**Display Length:** 3**Storage Length:** 3

Input Fields:	Field Name	Data Type	Length
	F35-CIN	X	9
	MBR-EMPID	X	9
	MBR-ENROLLDT	DATE	4
	MBR-NETWORK	X	3
	SVCDATE	DATE	

**Logic:** Look up NETWORK in (tag from) Eligibility, matching on:

F35-CIN = MBR-EMPID

SVCDATE = MBR-ENROLLDT (match only on year and month).

When an Elig-Match is found, set NETWORK = MBR-NETWORK

If there was no matching Elig record, set NETWORK = spaces (missing).

**FOLOG Calls:** OPR-#68: When an Elig-Match is found but NETWORK is spaces on the Elig record (call using NETWORK) or if no Elig-Match can be found (call using 'no Elig-Match').**Default:** Spaces (missing value), assigned when Tag fails or the Elig record has a missing value in NETWORK.**Precedents:** SVCDATE**Impact:** Panorama View: This field is a Recipient Dimension and is found on the Claims Extracts. Therefore, any change to the NETWORK values or descriptions needs to be reflected in the Panorama View Catalog.**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	8/11/1999	L Richardson	5	1247	Changed logic to only tag from Elig or set to missing, remove PHPCODE from PRECEDENTS, changed FOLOG call.
	1/9/1999	L Richardson	4	1025	Added Effective dates to NETPROD mapping.
	1/4/1999	J. Dittman	4	739	Added impact to PV.
	11/17/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program
	6/2/1998	L. Macklem	3	739	Rewrote as functional spec.
	12/31/1997	J. Dittman	2	584	Added logic to map from NETPROD map if tag fails.

## Medical Service Claims

**Output Field: NEWBORN** Newborn Ind**Definition:** Indicates the service is for a newborn using the mother's ID.**DB2 Name:** NEWBORN**Type:** Medi-Cal Custom Field**Missing Value:** None**Data Type:** CHARACTER**Display Length:** 1**Storage Length:** 1

Input Fields:	Field Name	Data Type	Length
	F35-BIRTHDATE	DATE	10
	F35-CIN	X	9
	MBR-BIRTHDT	DATE	10
	MBR-EMPID	X	9
	MBR-ENROLLDT	DATE	4
	SVCDATE	DATE	4

**Logic:** The field NEWBORN was designed so that we could distinguish when a claim is for a service provided to a newborn, but the claim has on it the Mother's ID (or CIN). It is acceptable in Medicaid policy for a Newborn service to carry the Mother's ID up to 60 days. This field can be either 'Y' or 'N'.

Set NEWBORN = Y (and MEMBERNO = 1, since it is derived from NEWBORN) when \* both \* of the following conditions are true:

1. The Age calculated using the Claim record f35-Birthdate = 0. (see details below)
2. The Claim record f35-Birthdate differs from Eligibility table BIRTHDT by more than 60 days.

The second condition is intended to identify claims where the Claim record gives the newborn's birth date, but the Eligibility table gives the mother's birth date; this indicates that the newborn record is using his/her mother's CIN.

The detail logic is:

When \* ALL \* of the following are true:

1. The F35-BIRTHDATE is a valid date and not missing '01-01-0001'.
2. The Age calculated using the F35-BIRTHDATE = 0. (Use the same calculation found in the Field Level Specification for AGE; but instead use the F35-BIRTHDATE not the converted BIRTHDT because BIRTHDT would be the tagged BIRTHDT, which for a NEWBORN would be the Mother's date of birth)
3. The Eligibility BIRTHDT is successfully retrieved by tagging from the Eligibility table, matching on:  
Claim F35-CIN = MBR-EMPID  
Claim SVCDATE = MBR- ENROLLDT (match on year and month only)
4. The Eligibility MBR-BIRTHDT is not missing (Eligibility MBR-BIRTHDT <> '00001-01-01').
5. The Eligibility MBR-BIRTHDT is before the Claim BIRTHDT (Eligibility MBR-BIRTHDT < Claim BIRTHDT).
6. The difference in days is greater than 60 days (Claim BIRTHDT - Eligibility MBR-BIRTHDT > 60).

If NEWBORN is set to 'Y', then set the following fields using the rules below and values from the F35 Claim record.

1. AGE = 0
2. BIRTHDT = F35-BIRTHDATE
3. a. SEX = 1 (Male) when F35-BENE-SEX = 1 or M.  
b. SEX = 2 (Female) when F35-BENE-SEX = 2 or F.

Medical Service Claims

**Output Field: NEWBORN** Newborn Ind

C. SEX = 0 (missing when F35-BENE-SEX <> 1, M, 2, or F.

**FOLOG Calls:**

**Default:** N, This is assigned when a NEWBORN 'Y' does not result from the above rules.

**Precedents:** SVCDATE

**Impact:** NEWBORN controls the assignment of MEMBERNO, which is used to distinguish members of a family, i.e., more than one individual using the same CIN. Distinguishing newborns from their mothers is important for the proper building of Cases and analyses that use Cases, so correctly setting NEWBORN is important. Note that this field will not allow distinguishing between family members (eg., twins).

**Tech. Notes:** The MEDSTAT core subroutine, CSBDIFD2, is used to calculate the difference in days.

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	8/26/1999	L Richardson	5	n/a	Changed the Missing Rule to None - this field is never missin
	8/13/1999	L Richardson	5	1247	Changed the logic to determine NEWBORN using the F35-BIRTHDATE instead of converted BIRTHDT and changed PRECEDENTS to meet requirements of new Elig Tag logic. Remove FOLOG call OPR# 43.
	1/21/1999	C.Swanson	4	1162	Updated FOLOG, added operation #, displayed field and clarified
	1/7/1999	K. Key	4	1162	1) Removed duplicate reference to BIRTHDT in the Preced section. 2) Clarified the detailed logic in the logic section. 3) Added Tech Note identifying the subroutine used to calculate the difference in days.
	6/5/1998	L. Macklem	3	739	Rewrote as functional spec.
	2/16/1998	W. Wallace	2	748	Use Claim BIRTHDT rather than F35-BIRTH-DATE to compare to Elig BIRTHDT.

---

Medical Service Claims

---

**Output Field:** NTWKPROV      Ntwk Prv Ind

---

**Definition:** NETWKPROV indicates if the servicing provider participates in the network to which the patient belongs. Only required for databases containing Managed Care data. THIS FIELD SHOULD BE HIDDEN.

**DB2 Name:** NTWK\_PROV\_IND      **Type:** Req'd for Mgd Care Rptg      **Missing Value:** Spaces

**Data Type:** CHARACTER      **Display Length:** 1      **Storage Length:** 1

---

**Input Fields:**


---

**Logic:** THIS FIELD IS NOT AVAILABLE FOR MEDI-CAL AND IS HIDDEN FROM THE USER.

NTWKPROV = space (missing value).

Note: This field is required in DataScan managed care databases.

**FOLOG Calls:** None

**Default:** Space.

**Precedents:** None

**Impact:**

**Tech. Notes:**

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	1/24/1999	L. Richardson	4	1203	Changed default to space.
	6/2/1998	L. Macklem	3	739	Rewrote as functional spec.

## Medical Service Claims

---

**Output Field: OHCAMT**      OHC Amount
 

---

**Definition:** The amount paid by other health coverage, excluding Medicare.**DB2 Name:** OHC\_AMT**Type:** Medi-Cal Custom Field**Missing Value:** Zero**Data Type:** DECIMAL**Display Length:** 7, 0**Storage Length:** 4

---

Input Fields:	Field Name	Data Type	Length
	F35-OTHER-COVERAGE-AMOUNT	S9(7)V99	9
	F35-SEGMENT-COUNT	S9(04)	2

---

**Logic:** OHCAMT (rounded to the nearest dollar) = F35-OTHER-COVERAGE-AMOUNT (if numeric) when F35-SEGMENT-COUNT = 1.

Note: F35-OTHER-COVERAGE-AMOUNT is a header-level field, and we must use it only once per input claim.

**FOLOG Calls:** OPR-#44: When F35-SEGMENT-COUNT is equal to 1 and F35-OTHER-COVERAGE-AMOUNT is not numeric (call FOLOG with F35-OTHER-COVERAGE-AMOUNT)**Default:** Zero (missing value). This is assigned when the input field is non-numeric or F35-SEGMENT-COUNT > 1.**Precedents:** LINENUM**Impact:****Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	5/8/2002	C.Swanson	6	2811	Changed input from LINENUM to F35-SEGMENT-COUNT
	12/28/1998	L. Richardson	4	1162	Added notation that the converted field is rounded and removed 'low values' from the FOLOG call logic.
	11/30/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program.
	6/5/1998	L. Macklem	3	739	Rewrote as functional spec.
	12/4/1997	W. Wallace	2	553	Removed logic to set OHCAMT = 0 for capitated services.

---

---

Medical Service Claims

---

**Output Field:** OHCIND      OHC Ind

**Definition:** Indicates the eligible/recipient has other health coverage, excluding Medicare. On Medical/Drug service tables, based on the 35-File field OTHER HEALTH CARE COVERAGE CODE.

**DB2 Name:** OHC\_IND

**Type:** Medi-Cal Custom Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 1

**Storage Length:** 1

---

Input Fields:	Field Name	Data Type	Length
	F35-OHC-CODE	X	1

---

**Logic:** OHCIND = F35-OHC-CODE.

**FOLOG Calls:** None

**Default:** None

**Precedents:** None

**Impact:**
**Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/5/1998	L. Macklem	3	739	Rewrote as functional spec.



---

Medical Service Claims

---

**Output Field: ORDPROV**      Ord Prov

---

**Definition:** Not available for Medi-Cal. THIS FIELD SHOULD BE HIDDEN.

**DB2 Name:** ORDERING\_PROV

**Type:** Req'd for Mgd Care Rptg

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 10

**Storage Length:** 10

---

**Input Fields:**


---

**Logic:** ORDPROV = spaces (missing value).

Note: This field is required in DataScan managed care databases.

**FOLOG Calls:** None

**Default:** None. ORDPROV is set to missing as a constant.

**Precedents:** None

**Impact:**
**Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/2/1998	L. Macklem	3	739	Rewrote as functional spec.

## Medical Service Claims

---

**Output Field: ORDPRVTX**      Ord Taxonomy
 

---

**Definition:** Identifies the provider type, classification and specialization for the ordering provider.**DB2 Name:** ORD\_PROV\_ID\_TAX**Type:** Medi-Cal Custom Field**Missing Value:** None**Data Type:** CHARACTER**Display Length:** 10**Storage Length:** 10

---

Input Fields:	Field Name	Data Type	Length
	F35-PRESC-REF-REND-PROV-TAXON	CHARACTER	10

---

**Logic:** IF F35-PRESC-REF-REND-PROV-TAXON is spaces or low values, set ORDPRVTX to spaces (missing)  
 Otherwise, validate F35-PRESC-REF-REND-PROV-TAXON using PROVIDTX map.  
 If found on map, set PROVIDTX to F35-PRESC-REF-REND-PROV-TAXON else set to spaces (missing).

**FOLOG Calls:** OPR #XX: When F35-PRESC-REF-REND-PROV-TAXON not found on PROVIDTX map (call FOLOG using F35-PRESC-REF-REND-PROV-TAXON).

**Default:****Precedents:** None**Impact:****Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/6/2002	C.Swanson	6	2811	Created field. During walk-throug with State, this field was separated from the spec'ed PROVIDTX field.

## Medical Service Claims

**Output Field: PATTERN**

Pattern

**Definition:** Value used in assigning a Treatment Group to a record based on an ICD-9-CM diagnosis code.**DB2 Name:** PATTERN**Type:** DataScan Core Field**Missing Value:** Spaces**Data Type:** CHARACTER**Display Length:** 5**Storage Length:** 5**Input Fields: Field Name****Data Type****Length**

N/A

N/A

N/A

**Logic:** Drug Convert Logic:

Sets PATTERN to Spaces.

DATASCAN CORE Logic:

Overview

The PATTERN field is instrumental in assigning a treatment group (TG) to a record. The assignment of TG is based upon a classification system called Patterns Review (formerly Patterns of Treatment) by HPR Inc. The DataScan System uses Patterns Review Version 2.3.

The PATTERN lookup table in Edit, purchased from HPR Inc., assigns PATTERN based on diagnosis code (DX1). All ICD-9-CM diagnosis codes are assigned to one and only one PATTERN. The table that contains this mapping is called DX\_PATTERN. This table contains one row for every diagnosis code. Once the diagnosis code has been mapped to a PATTERN value, the PATTERNS are regrouped and renamed into TGs.

PATTERN Assignment during Edit

For every record:

1. If the diagnosis code (DX1) is missing, PATTERN is set to missing (spaces).
2. If the diagnosis code is not missing, Edit assigns an MDC. (See "MDC" earlier in this appendix for the logic). If the diagnosis code was padded or stripped to get the MDC assignment, this altered code is set aside.
3. Edit then uses the original (not padded or stripped) diagnosis code from the record. This diagnosis code is compared against the PATTERN mapping table (DX\_PATTERN). If a PATTERN value is found with the original DX1, then that is the PATTERN assigned to the record.
4. If step 3 does not yield a PATTERN assignment, then Edit uses the diagnosis code set aside in step 2. If that code yields a PATTERN assignment, then that PATTERN is assigned to the record. If not, PATTERN is set to missing (spaces).

Note that regardless of the diagnosis code used to generate a PATTERN assignment (original or padded/striped), the original diagnosis code, without padding/striping, is carried on the resulting record.

**FOLOG Calls:** None**Default:** Spaces.**Precedents:** None**Impact:**

---

**Medical Service Claims**

---

---

**Output Field: PATTERN**      Pattern

---

**Tech. Notes:**

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	12/29/1998	L. Richardson	4	1162	Converted to Functional Spec and updated Default value.

Medical Service Claims

**Output Field: PAY** Payment

**Definition:** Gross amount of payment for the specific service. Sum of NETPAY, COB, COPAY, and DEDUCT.

**DB2 Name:** PAY\_AMT

**Type:** DataScan Core Field

**Missing Value:** None

**Data Type:** DECIMAL

**Display Length:** 7, 0

**Storage Length:** 4

Input Fields:	Field Name	Data Type	Length
	COB	S7	4
	COPAY	S7	4
	DEDUCT	S7	4
	NETPAY	S7	4

**Logic:** PAY = NETPAY + COB + COPAY + DEDUCT.

**FOLOG Calls:** None

**Default:** None. COB, COPAY, DEDUCT and NETPAY cannot be NULL, so the sum will always be non-NULL.

**Precedents:** COB  
COPAY  
DEDUCT  
NETPAY

**Impact:** NETPAY is the only financial field set to zero for capitated services (the reported amount is stored in RPTNETMC). As a result, the PAY calculation means different things for capitated and FFS services. When including financial fields in reports or queries, it is advisable to subset on CAPIND = Y or CAPIND = missing (space).

Because DataScan does not store pennies for this field, some DataScan financial reports may vary from control reports due to rounding.

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	12/14/1998	L. Richardson	4	1162	Removed sentence about "zero for cap service" from the definition.
	5/17/1998	L. Macklem	3	739	Rewrote as functional spec.
	12/4/1997	W. Wallace	2	553	Removed the logic to set = 0 for capitated services.

**Output Field: PCPID**

**Definition:** Provider identification number of the primary care physician. NOT AVAILABLE FOR MEDI-CAL. THIS FIELD SHOULD BE HIDDEN.

**Type:** Req'd for Mgd Care Rptg

**Data Type:** CHARACTER

**Display Length:** 13**Storage Length: 13**

**Logic:** PCPID = spaces (missing value).

**FOLOG Calls:** None

**Default:** None. PCPID is set to missing as a constant.

**Precedents:** None

**Impact:**

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/2/1998	L. Macklem	3	739	Rewrote as functional spec.

---

Medical Service Claims

---



---

**Output Field: PCPTYPE**      PCP Type

---

**Definition:** Not available for Medi-Cal. THIS FIELD SHOULD BE HIDDEN.**DB2 Name:** PCP\_TYP**Type:** Req'd for Mgd Care Rptg**Missing Value:** Spaces**Data Type:** CHARACTER**Display Length:** 1**Storage Length:** 1

---

**Input Fields:**


---

**Logic:** PCPTYPE = space (missing value).

Note: This field is required in DataScan managed care databases.

**FOLOG Calls:** None**Default:** None. PCPTYPE is set to missing as a constant.**Precedents:** None**Impact:****Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	12/8/1998	K. Key	4	N/A	In order to match the EGAD table, modified the missing rule be spaces instead of none.
	6/2/1998	L. Macklem	3	739	Rewrote as functional spec.

---

## Medical Service Claims

**Output Field:** PDDATE      Process Date

**Definition:** The date of payment for the service as reported on the claim or encounter. This field reflects the Check Write Date or the Check Transfer Date. If this information is not available, the date reflects the date the database was updated with this record. For encounter records, this date reflects the date assigned by ITSD when processing the encounter data. On the Capitation table, this date is the date the capitation payment was issued (CCYY-MM-DD format).

**DB2 Name:** PD\_DATE**Type:** DataScan Core Field**Missing Value:** 0001-01-01**Data Type:** DATE**Display Length:** 10**Storage Length:** 4

Input Fields:	Field Name	Data Type	Length
	F35-CHECK-DATE	S9	8
	SVCDATE	DATE	10

**Logic:** This logic assigns these fields:

PDDATE  
PDDATEMM  
PDDATEYY

Set PDDATE = F35-CHECK-DATE (if valid date) unless F35-CHECK-DATE is less than SVCDATE. If the F35-CHECK-DATE is less than SVCDATE then move SVCDATE to PDDATE.

PDDATEMM = month portion (1 - 12) of PDDATE as set above.  
PDDATEYY = year portion (CCYY) of PDDATE as set above.

Note: For field specific drop criteria (e.g., invalid F35-CHECK-DATE ) see the Splitter Specifications.

Note2: The reason we are setting PDDATE to SVCDATE when the F35-Check-Date is less than SVCDATE is because the update process will not roll records off correctly when PDDATE is prior to the date the service was rendered. Because the Splitter drops records outside the paid range and drops records with a service date after the paid range, setting the PDDATE to the SVCDATE is okay and works.

**FOLOG Calls:** OPR-#73: When the claim is paid prior to the Service Date (call FOLOG with F35-CHECK-DATE))**Default:** None. PDDATE must be a valid date, and as a result PDDATEMM and PDDATEYY will also be valid.**Precedents:** SVCDATE**Impact:** PDDATE is a critical field. It's major uses include:

1. Criterion for rolling off data antecedent to the 30-month database window.
2. Defining the Paid view in the DataScan application.

PDDATE is used in the Statistical Report Heading as the build range (min/max, not missing).

Panorama View: PDDATE is on the Claims Extracts and is used, along with SVCDATE, to calculate the Payment Lag.

**Tech. Notes:** Use copybook CCCPDDT to determine PDDATE using F35-CHECK-DATE

Revisions:	Date	Author(s)	Phase	IR(s)	Description
------------	------	-----------	-------	-------	-------------

9/6/1000



Medical Service Claims					
Output Field: PDDATE	Process Date				
8/6/1999	L. Richardson	5	1237	Changed input length to 8, removed logic that set the century to '19', and removed 'non Y2K' compliant references.	
1/22/1999	L. Richardson	4	1162	Put century calculation in the Logic section. Add a note to logic that because the splitter drops records outside the paid range and records with a service date after the paid range, setting the PDDATE to the SVCDATE is okay and works. Add to the Impact Section that this is used in the Statistical Report Heading as the build range (min/max, not missing). Add tech note about this field NOT being Y2K compliant.	
1/21/1999	C.Swanson	4	1142	Removed FOLOG call when PDDATE was more than 4 months prior to the most recent month in the update for PV	
1/7/1999	T. Poyner	4	1210	Changed date format from YYYYMMDD to CCYYMMDD description and logic.	
1/6/1999	L. Richardson	4	1142	Removed the logic that set PDDATE to TAPEDT when 4 months older than the update month.	
1/4/1999	J. Dittman	4	739	Added / updated impact to PV.	
11/29/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program. Also changed wording to say "prior to SVCDATE" instead of "on SVCDATE"	
7/13/1998	L Richardson	3	1013	Revised the spec so that PDDATE is set to the Service Date when the Service Date is greater than the Check Date, also added a call to FOLOG to track occurrences of PDDATE when set to SVCDATE.	
6/30/1998	L. Richardson	3	723	Added logic that set PDDATE to TAPEDT when 4 months older than the update month.	
6/1/1998	L. Macklem	3	739	Rewrote as functional spec. In so doing, combined PDDATEMM and PDDATEYY with PDDATE.	

---

Medical Service Claims

---



---

**Output Field: PDDATEMM**      Process Mnth

---

**Definition:** The month of the check date for the claim or the date the encounter was processed by DHS (MM format).**DB2 Name:** PD\_DATE\_MM**Type:** DataScan Core Field**Missing Value:** Zero**Data Type:** SMALLINT**Display Length:** 5**Storage Length:** 2

---

**Input Fields:**


---

**Logic:** See PDDATE.**FOLOG Calls:** None**Default:** None**Precedents:** PDDATE**Impact:****Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/1/1998	L. Macklem	3	739	In rewriting as functional spec, combined with PDDATE.

---

---

Medical Service Claims

---



---

**Output Field:** PDDATEYY      Process Year

---

**Definition:** The year of the check date for the claim or the date the encounter was processed by DHS (CCYY format).

**DB2 Name:** PD\_DATE\_YYYY

**Type:** DataScan Core Field

**Missing Value:** Zero

**Data Type:** SMALLINT

**Display Length:** 5

**Storage Length:** 2

---

**Input Fields:**


---

**Logic:** See PDDATE.

**FOLOG Calls:** None

**Default:** None

**Precedents:** None

**Impact:**
**Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	1/7/1999	T. Poyner	4	1210	Changed date format from YYYYMMDD to CCYYMMDD description.
	6/1/1998	L. Macklem	3	739	In rewriting as functional spec, combined with PDDATE.

## Medical Service Claims

---

**Output Field: PERSNBR**      Person Nbr
 

---

**Definition:** A view of the last 2 bytes of the CASENUM field that represents the person number associated with the family case number.

**DB2 Name:** PERSNBR

**Type:** Medi-Cal Custom Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 2

**Storage Length:** 2

---

**Input Fields:** **Field Name**

**Data Type**

**Length**

CASENUM

CHARACTER

10

---

**Logic:** PERSNBR = the last 2 bytes of the CASENUM

**FOLOG Calls:**

**Default:** Spaces when the CASENUM field is also spaces.

**Precedents:** CASENUM

**Impact:**

**Tech. Notes:** \*\* IMPORTANT NOTE - This is a virtual field and must be tested using the V\_ALL view of the table

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	8/6/2002	C.Swanson	6	2811	Removed reference to PERSNBR being a "view" of the CASENUM. PERSNBR will now be a separate field.
	10/8/1999	L. Richardson	5	1257	Added to the table.

## Medical Service Claims

---

**Output Field: PGMCODE**      Program Code
 

---

**Definition:** Indicates the Medi-Cal program code to which this service is reported. Based on the 35-File field PLAN CODE.

**DB2 Name:** PGM\_CODE

**Type:** Medi-Cal Custom Field

**Missing Value:** -1

**Data Type:** DECIMAL

**Display Length:** 4, 0

**Storage Length:** 3

---

Input Fields:	Field Name	Data Type	Length
	F35-PLAN-CODE	X	2

---

**Logic:** PGMCODE = F35-PLAN-CODE when valid.

Valid values are: 00, 01, 02, 03, 04, 05, 06, 08, 09.

**FOLOG Calls:** OPR-#45: When RF35-PLAN-CODE does not equal '00' through '09' excluding '07' (call FOLOG with F35-PLAN-CODE)

**Default:** None

**Precedents:** None

**Impact:** This field is used in Panorama View v2.0 to prevent capitated services (where PGMCODE = 2-GMC/Two-Plan or 4-COHS) from being completed.

**Tech. Notes:** During the unloads of the production tables for the implementation of SDN 6043, the current values in the PGMCODE field will have to be zero-filled to account for the increase in the input field length.

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	8/8/2002	C.Swanson	6	2811	Changed display length to 4 (storage of 3) to account for the leading zeros during the unload for the SDN 6043 implementation.
	8/5/2002	D. Molinar	6	2811	Excluded '07' from FOLOG Calls.
	5/8/2002	C.Swanson	6	2811	Changed input field length to 2 from 1
	1/4/1999	J. Dittman	4	739	Added impact to PV.
	11/30/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program.
	11/16/1998	K. Key	4	1162	Changed default value to none and missing value to "-1".
	6/5/1998	L. Macklem	3	739	Rewrote as functional spec.

## Medical Service Claims

**Output Field: PHPCODE** PHPCODE**Definition:** The 3-digit Prepaid Health Plan code (PHP) reported on the claim or encounter or financial report.**DB2 Name:** PHP\_CODE**Type:** Medi-Cal Custom Field**Missing Value:** Spaces**Data Type:** CHARACTER**Display Length:** 3**Storage Length:** 3**Input Fields: Field Name****Data Type****Length**

F35-PHP-CODE

X

3

SVCDATE

DATE

**Logic:** Validate F35-PHP-CODE on the NETPROD map, matching on:

F35-PHP-CODE = NetProd PHP CODE

and SVCDATE =&gt; NetProd From Effective Date and &lt;= NetProd Thru Effective Date

If F35-PHP-CODE can not be found on the NetProd map, set PHPCODE to three Zeros '000'.

**FOLOG Calls:** OPR-#67: When F35-PHP-CODE is not found on the NETPROD map (call FOLOG with F35-PHP-CODE).**Default:** Three Zeros '000' (FFS). This is assigned when F35-PHP-CODE is not a valid value on the map.**Precedents:** SVCDATE**Impact:****Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	1/31/2000	L. Richardson	5	1850	Changed the default value to be three zeros '000'.
	1/24/1999	L. Richardson	4	1162	Added logic stating PHPCODE = Spaces if not matched on the NetProd map.
	1/9/1999	L. Richardson	4	1025	Added Effective dates to NETPROD mapping and added SVCDATE as precedent.
	1/8/1999	C. Swanson	4	1162	changed FOLOG operation number from 57 to 67
	12/8/1998	K. Key	4	N/A	In order to match the EGAD table, modified the missing rule to be spaces instead of none.
	11/30/1998	C. Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program.
	11/16/1998	K. Key	4	1162	Changed missing value to be none.
	6/5/1998	L. Macklem	3	739	Rewrote as functional spec.
	12/17/1997	J. Dittman	2	557	Added validation on the NETPROD map.

## Medical Service Claims

---

**Output Field: PLACE**      Place of Svc
 

---

**Definition:** The MEDSTAT Group's standard place of service code.**DB2 Name:** PLACE\_CD**Type:** DataScan Core Field**Missing Value:** Zero**Data Type:** SMALLINT**Display Length:** 5**Storage Length:** 2

---

Input Fields:	Field Name	Data Type	Length
	F35- MIO-POS	X	1
	F35-CLAIM-TYPE	X	1
	F35-ORIG-POS-2	X	2
	F35-PLAN-CODE	X	2
	MEDICARE	X	1
	VENDORCD	X	2

---

**Logic:** First, we try to determine Long Term Care (LTC) and Intermediate Care Facility (ICF) claims using VENDORCD and F35-ACCOM-CODE. Note that F35-ACCOM-CODE is the first 2 characters of the field F35-ACCOMMODATION-CODE. These claims should always map to a LTC PLACE because (1) they may last longer than the 30 month database window (2) they may greatly overstate Average Length of Stay.

Next, we attempt to map PLACE from F35-ORIG-POS-2. Because UB-92 and HCFA-1500 claim forms use different coding schemes, we have two maps. We determine which map to use based on whether or not the F35-ORIG-POS-2 is two bytes or one byte (left justified - space filled). Two bytes indicate a HCFA-1500 code scheme and one byte indicates a UB-92 code scheme.

If the above mapping fails, we try to map PLACE from F35-MIO-POS. If this field is non-specific (value 7 = "Other"), we try several other fields in a hierarchical fashion to try to assign a value.

See Attachment: PLACE for the detailed logic.

**FOLOG Calls:** OPR-#7: When F35-ORIG-POS (byte 2 ) does not equal a space and F35-MIO-POS does not equal '7' and PLACE does not match when you try to map it from F35-MIO-POS using table PLACE-DHS (call FOLOG using F35-ORIG-POS2 and F35-MIO-POS)

OPR-#56: When F35-ORIG-POS (byte 2 ) does not equal a space and F35-MIO-POS equals '7' and F35-PLAN-CODE equals '8' and VENDORCD is equal to '95' and F35-CLAIM-TYPE does not equal '1' or '2' (call FOLOG using F35-CLAIM-TYPE)

OPR-#57: When F35-ORIG-POS (byte 2 ) does not equal a space and F35-MIO-POS equals '7' and F35-PLAN-CODE equals '8' and VENDORCD does not equal '95' (call FOLOG using VENDORCD)

OPR-#75 : When F35-ACCOMMODATION-CODE does not find a match on the PLACE-ACCOM map (call FOLOG using F35-PLAN-CODE, VENDORCD, and F35-ACCOMMODATION-CODE)

OPR-# 76 : When F35-ORIG-POS and F35-MIO-POS are both spaces (call FOLOG)

**Default:** Zero (the missing value). This means that if we cannot determine whether the service was performed inpatient or outpatient, we allow it to be included in a Case, if it meets all other conditions for inclusion.

**Precedents:** VENDORCD, MEDICARE

**Impact:** PLACE is critical for properly building DataScan inpatient Cases.

- Claims with PLACE = 1 - 19 (inpatient) and SVCTYP = 60 - 69 (room & board) can start or extend a Case.
- Claims with PLACE = 1 - 19, 0 (missing) or 23 (ER) \*can\* be included in a Case.
- Claims with an outpatient PLACE (> 19, except 23) \*cannot\* be included in a Case.

Medical Service Claims

**Output Field: PLACE** Place of Svc

Therefore, it is important that the default value be missing rather than an outpatient value, so as not to preclude a service's inclusion in a Case.

Note: F35-MIO-POS is stored in the Medi-Cal custom field MCALPOS.

**Tech. Notes:** The most meaningful way to interpret the coding scheme for f35-original-pos is to treat all 2-digit POS codes as HCFA-1500 codes and to treat all 1-digit POS codes as UB-92 codes when they are correctly left-justified. The f35-claim-form-indicator was used in the original specs for this field, but is now known to be less effective than this new map criteria.

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	5/9/2002	C.Swanson	6	2811	Changed input field length of plan code to 2
	9/3/1999	L Richardson	5	1405	updated Logic to address LTC Crossovers, MEDICARE is no a precedent. Changed the logic in the Field Level Attache also.
	3/4/1999	T. Poyner	4	840	Added FOLOG call when both F35-ORIG-POS and F35-MIO POS are missing.
	2/1/1999	T. Poyner	4	1219	Added first paragraph about LTC to Spec Logic. Added FOLOG call.
	1/8/1999	T. Poyner	4	840	Changed table on field attachment. When F35-Orig-POS is missing, F35-MIO-POS = 7, F35-PLAN-CODE <> 8, set PLACE to Missing (0) (rather than 25 for OP).
	11/16/1998	C.Swanson	4	1162	Removed references to F35-CLAIM-FORM-INDICATOR in the FOLOG calls (removed calls 4,5, and 6 - they weren't bei used IR#626). Also updated FOLOG with Operation Number that corresponds to the Claims Convert Program.
	7/28/1998	L Richardson	3	626	Removed the f35-claim-form-indicator as part of the logic f determining PLACE. Also, updated the technical specs accordingly. Removed the f35-claim-form-indicator from the logic. Updated the TECH Notes accordingly.
	5/14/1998	L. Macklem	3	739	Rewrote as functional spec. Corrected input field name to F35-ORIG-POS-2 from F35-ORIG-POS.



## Medical Service Claims

**Output Field: PROC1**

Procedure

**Definition:** Procedure Code for this service as reported on the claim or encounter. Includes Medi-Cal specific procedure codes but excludes UB92 Revenue Codes (see UB92).

**DB2 Name:** PROC1\_CD

**Type:** DataScan Core Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 5

**Storage Length:** 5

Input Fields:	Field Name	Data Type	Length
	F35-ACCOMMODATION-CODE	X	3
	F35-CLAIM-TYPE	X	1
	F35-PLAN-CODE	X	2
	F35-PRIMARY-SURGERY-CODE	X	5
	F35-PROCEDURE-AREA	X	40
	F35-PROCEDURE-INDICATOR	X	1
	F35-SECONDARY-SURGERY-CODE	X	5
	F35-VENDOR-CODE	X	2
	LINENUM	SMALLINT	4

**Logic:** The five fields PROC1, PROCFLAG, PROCIND, and UB92 are closely related. They use interrelated logic, so it is difficult to specify them separately.

The basic logic for setting these fields is this:

PROC1 = appropriate section of F35-PROCEDURE-AREA, based on F35-PROCEDURE-INDICATOR

PROCFLAG = 1, 7 or 9 for CPT4, HCPCS and ICD-9, respectively, and missing for all other coding schemes

PROCIND = F35-PROCEDURE-INDICATOR

UB92 = spaces (missing value) except for UB-92 claims (F35-PROCEDURE-INDICATOR = 1), when it is taken from the appropriate section of F35-PROCEDURE-AREA

There are four cases we must consider to set these fields:

1. CPT4- and HCPCS-coded claims
2. Claims using non-standard procedure codes
3. UB-92 claims
4. Claims which use F35-ACCOMMODATION-CODE rather than F35-PROCEDURE-AREA; these are marked by special conditions stated in the fourth section below.

See Attachment: PROC1.

**FOLOG Calls:** OPR-#21: When F35-PLAN-CODE does not equal '2','4', '6', or '9' or F35-VENDOR-CODE does not equal '47', '56', '57', or '80' or F35-CLAIM-TYPE does not equal '2' and F35-PROCEDURE-INDICATOR is equal to '0' (Dental) but F35-PROCEDURE-AREA (bytes 7-9) are equal to spaces or low values (call FOLOG with entire F35-PROCEDURE-AREA)

OPR-#21: When F35-PLAN-CODE does not equal '2','4', '6', or '9' or F35-VENDOR-CODE does not equal '47', '56', '57', or '80' or F35-CLAIM-TYPE does not equal '2' and F35-PROCEDURE-INDICATOR is equal to '1' (Dental) but F35-PROCEDURE-AREA (bytes 8-10) are not numeric (call FOLOG with entire F35-PROCEDURE-AREA)

## Medical Service Claims

**Output Field: PROC1**

## Procedure

OPR-#21: When F35-PLAN-CODE does not equal '2','4', '6', or '9' or F35-VENDOR-CODE does not equal '47', '56', '57', or '80' or F35-CLAIM-TYPE does not equal '2' and F35-PROCEDURE-INDICATOR is equal to '2' (SMAI) but F35-PROCEDURE-AREA (bytes 7-11) are equal to spaces or low values (call FOLOG with entire F35-PROCEDURE-AREA)

OPR-#21: When F35-PLAN-CODE does not equal '2','4', '6', or '9' or F35-VENDOR-CODE does not equal '47', '56', '57', or '80' or F35-CLAIM-TYPE does not equal '2' and F35-PROCEDURE-INDICATOR is equal to '4' (CPT4) but F35-PROCEDURE-AREA (bytes 7-11) are equal to spaces or low values (call FOLOG with entire F35-PROCEDURE-AREA)

OPR-#21: When F35-PLAN-CODE does not equal '2','4', '6', or '9' or F35-VENDOR-CODE does not equal '47', '56', '57', or '80' or F35-CLAIM-TYPE does not equal '2' and F35-PROCEDURE-INDICATOR is equal to '7' (La Waiver)) but F35-PROCEDURE-AREA (bytes 7-10) are equal to spaces or low values (call FOLOG with entire F35-PROCEDURE-AREA)

OPR-#21: When F35-PLAN-CODE does not equal '2','4', '6', or '9' or F35-VENDOR-CODE does not equal '47', '56', '57', or '80' or F35-CLAIM-TYPE does not equal '2' and F35-PROCEDURE-INDICATOR is equal to '8' (Short Doyle) but F35-PROCEDURE-AREA (bytes 7-10) are equal to spaces or low values (call FOLOG with entire F35-PROCEDURE-AREA)

OPR-#21: When F35-PLAN-CODE does not equal '2','4', '6', or '9' or F35-VENDOR-CODE does not equal '47', '56', '57', or '80' or F35-CLAIM-TYPE does not equal '2' and F35-PROCEDURE-INDICATOR is equal to '9' (HCPCS) but F35-PROCEDURE-AREA (bytes 7-11) are equal to spaces or low values (call FOLOG with entire F35-PROCEDURE-AREA)

OPR-#21: When F35-PLAN-CODE does not equal '2','4', '6', or '9' or F35-VENDOR-CODE does not equal '47', '56', '57', or '80' or F35-CLAIM-TYPE does not equal '2' and F35-PROCEDURE-INDICATOR does not equal '1', '2', '4', '7', '8', or '9' (call FOLOG with entire F35-PROCEDURE-AREA)

**Default:** Spaces (missing value)

**Precedents:** LINENUM.

**Impact:** PROC1 is a key clinical field. Its uses include:

- + Many reports use it to select and group records.
- + Edit uses it in the assignment of PROCGRP and the RVU fields.
- + Case build uses it in the assignment of DRG and PPROC.
- + The SVCCAT logic uses it to identify categories such as Family Planning.
- + PMW uses it for many reports. The PMW extract recodes some local codes to CPT4 codes, because only CPT4s are valid for HEDIS reports.
- + Panorama View uses it to calculate measures in the Quality Folder.

Note: MEDSTAT recommends that PROC1 contain only standard procedure codes (ICD-9, CPT4 and HCPCS). Standard DataScan processes, as well as Panorama View and PMW extracts, assume that only standard codes occur there. Many of these processes do \*not\* use the PROCFLAG field to determine whether a code is standard, but depend on the pattern of the code itself. Therefore, if a non-standard code looks like a standard code, it may lead to false results in some of these processes.

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	5/8/2002	C.Swanson	6	2811	Change input field length of procedure area to 40 and increased Plan-Code to 2
	1/21/1999	C.Swanson	4	1162	Updated FOLOG, added operation #, displayed field and clarified

---

Medical Service Claims

---

Output Field: PROC1		Procedure			
1/10/1999	J. Dittman	4	739	Added impact to PV.	
10/13/1998	L Richardson	3	1062	Changed the missing value for UB92 from 000 to spaces	
5/28/1998	L Richardson	3	800	Modified conversion logic to include F35-PLAN-CODE = '2' with plan codes '4' and '9' for PROC1 (using F35-ACCOMMODATION-CODE (VENDORCDs 47 and 80)).	
5/14/1998	L. Macklem	3	739	Rewrote as functional spec.	

---

Medical Service Claims

---

**Output Field: PROCFLAG**      Proc Cd Flag

**Definition:** A standard code, defined by The MEDSTAT Group indicating the procedure coding system used to determine if PROC1 should be translated from the original coding scheme into ICD-9-CM procedure codes.

**DB2 Name:** PROC\_CD\_IND

**Type:** DataScan Core Field

**Missing Value:** Zero

**Data Type:** DECIMAL

**Display Length:** 1, 0

**Storage Length:** 1

**Input Fields:** **Field Name**
**Data Type**
**Length**

SEE PROC1.

**Logic:** See PROC1.

**FOLOG Calls:** None

**Default:** Zero (missing value)

**Precedents:** None

**Impact:** PROCFLAG is used in some processes to identify procedure codes (PROC1) of a particular coding scheme, so it important that it be set correctly.

Panorama View: this field is found on the Claims Extracts and may be used to identify Local Procedure Codes included in the Quality criteria.

**Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	1/10/1999	J. Dittman	4	739	Added impact to PV.

## Medical Service Claims

**Output Field: PROCGRP** Proc Group**Definition:** A value assigned by The MEDSTAT Group which groups related outpatient procedures into categories, based on a CPT, ICD-9-CM, or HCPCS procedure code.**DB2 Name:** PROC\_GRP\_CD**Type:** DataScan Core Field**Missing Value:** Zero**Data Type:** SMALLINT**Display Length:** 5**Storage Length:** 2**Input Fields: Field Name**

N/A

**Data Type**

N/A

**Length**

N/A

**Logic:** Core assignment during Edit and/or Build process.**FOLOG Calls:** None**Default:** 0 (zero)**Precedents:** None**Impact:****Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	12/8/1998	K. Key	4	N/A	In order to match the EGAD table, modified the missing rule be zero instead of none.
	11/16/1998	K. Key	4	1162	Updated default value to be zero and missing value to be non

---

Medical Service Claims

---

**Output Field: PROCIND**      Proc Ind

---

**Definition:** The Medi-Cal procedure code indicator, as reported on the claim.

**DB2 Name:** PROCEDURE\_IND

**Type:** Medi-Cal Custom Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 1

**Storage Length:** 1

---

**Input Fields:** **Field Name**
**Data Type**
**Length**

 SEE PROC1.

---

**Logic:** See PROC1.

**FOLOG Calls:** None

**Default:** Space (missing value)

**Precedents:** None

**Impact:** Panorama View: this field is found on the Claims Extracts and may be used to identify Local Procedure Codes included in the Quality criteria.

**Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	1/10/1999	J. Dittman	4	739	Added impact to PV.

## Medical Service Claims

**Output Field: PROCMOD** Modifier**Definition:** The procedure code modifier or tooth number.**DB2 Name:** PROC\_MOD**Type:** Medi-Cal Custom Field**Missing Value:** Spaces**Data Type:** CHARACTER**Display Length:** 2**Storage Length:** 2**Input Fields: Field Name****Data Type****Length**

F35-TOOTH-OR-MODIFIER

X

2

**Logic:** PROCMOD = F35-TOOTH-OR-MODIFIER (if not low values).

If F35-TOOTH-OR-MODIFIER is low values set PROCMOD to spaces (missing).

Note: Remove any leading space.

**FOLOG Calls:** None**Default:** None**Precedents:** None**Impact:****Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	12/29/1998	L. Richardson	4	1162	Added 'low values' aspect of the logic.
	6/5/1998	L. Macklem	3	739	Rewrote as functional spec.
	10/16/1997	W. Wallace	2	429	Added logic to remove leading zeros.

Medical Service Claims

**Output Field: PRODUCT** Plan Mdl Typ

**Definition:** The Medical Plan Model Type associated with the eligible/recipient. Note: The Medical Plan Model Type for enrollees will reflect the enrolled model type (e.g., Geographic Managed Care), even if a particular service was paid fee-for-service (e.g., carved out services). To identify fee-for-service claims for managed care enrollees, see Medi-Cal Program Code (PGMCODE).

**DB2 Name:** PRODUCT **Type:** Req'd for Mgd Care Rptg **Missing Value:** Zero

**Data Type:** DECIMAL **Display Length:** 2, 0 **Storage Length:** 2

Input Fields:	Field Name	Data Type	Length
	F35-CIN	X	9
	MBR-EMPID	X	9
	MBR-ENROLLDT	DATE	4
	MBR-PRODUCT	DECIMAL	2
	SVCDATE	DATE	4

**Logic:** PRODUCT is tagged from Eligibility or set to missing.

1. Look up PRODUCT in (tag from) Eligibility, matching on:

F35-CIN = MBR-EMPID  
SVCDATE = MBR-ENROLLDT (match only on year and month).

When an Elig-Match is found set PRODUCT = MBR-PRODUCT.

2. If no Elig-Match can be found, set PRODUCT = zero (missing).

**FOLOG Calls:** OPR-#69: When an Elig-Match is found and PRODUCT is missing on the Elig record (call FOLOG).

**Default:** Zero (missing value). This is assigned if no Elig-Match is found or if missing on the Elig record.

**Precedents:** SVCDATE

**Impact:** Panorama View: although this field is not actually extracted, the descriptions are a roll-up dimension (Plan Model Type) in Panorama View. Therefore, any change to PRODUCT values or descriptions needs to be reflected in the Panorama View Catalog.

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	8/11/1999	L Richardson	5	1247	Changed logic to only tag from Elig or set to missing and changed FOLOG call.
	1/22/1999	L. Richardson	4	1162	Enhance the mapping instructions.
	1/9/1999	L Richardson	4	1025	Added Effective dates to NETPROD mapping.
	1/4/1999	J. Dittman	4	739	Added impact to PV.
	11/30/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program.
	6/2/1998	L. Macklem	3	739	Rewrote as functional spec.
	1/12/1998	L. Richardson	2	584	Resolved unsatisfied Else clause.
	12/31/1997	J. Dittman	2	435, 584	Always map from NETWORK.



## Medical Service Claims

**Output Field: PROVCNTY** Prov Cnty**Definition:** The county of the billing provider's servicing address. On the Capitation Table, this represents the eligibility county.**DB2 Name:** PROVIDER\_CNTY**Type:** Medi-Cal Custom Field**Missing Value:** Zero**Data Type:** DECIMAL**Display Length:** 2, 0**Storage Length:** 2

Input Fields:	Field Name	Data Type	Length
	F35-PLAN-CODE	X	2
	F35-PROVIDER-COUNTY	X	2

**Logic:** Apply the following rules:

1. PROVCNTY = F35-PROVIDER-COUNTY when \*either\* of the following is true:

F35-PROVIDER-COUNTY = 01 - 58 (valid CA county codes)

F35-PROVIDER-COUNTY = 99 (out of state).

2. Recode F35-PROVIDER-COUNTY when F35-PLAN-CODE = 05 (CHDP) as follows:

59 -&gt; 1 (Berkeley -&gt; Alameda County)

62 -&gt; 19 (Long Beach -&gt; Los Angeles County)

63 -&gt; 19 (Pasadena -&gt; Los Angeles County)

3. PROVCNTY = 98 (invalid value) when F35-PROVIDER-COUNTY is numeric but <> 00 - 59, 62 - 63 or 99.

**FOLOG Calls:** OPR-#46: When F35-PROVIDER-COUNTY is numeric and not '01' through '58', or '99' and F35-PLAN-CODE is equal to '5' (call FOLOG with F35-PROVIDER-COUNTY)

OPR-#46: When F35-PROVIDER-COUNTY is equal to '00' or is not numeric (call FOLOG with F35-PROVIDER-COUNTY)

**Default:** Zero (missing value). This is assigned when F35-PROVIDER-COUNTY is non-numeric. Note that 00 is also a possible input value.**Precedents:** None**Impact:** Panorama View: this field is a Provider Dimension and is found on the Claims Extracts. Therefore, any change in PROVCNTY values or descriptions needs to be reflected in the Panorama View Catalog.**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	5/9/2002	C.Swanson	6	2811	Changed input field length of plan code to 2
	1/21/1999	K. Key	4	1196	In definition, delete the term 'as reported on the service tabl
	1/4/1999	J. Dittman	4	739	Added impact to PV.
	11/30/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program. Also remo call when PROVCNTY was not a valid county and PLAN CODE was not equal to 5 - this call was not in the convert program. Changed range from '00' thru '58' to '01' thru '58'.
	11/16/1998	K. Key	4	1162	Corrected spelling of "Lof Angeles" in the logic.

---

Medical Service Claims

---

**Output Field: PROVCNTY**

Prov Cnty

6/5/1998	L. Macklem	3	739	Rewrote as functional spec. In so doing, added F35-PLAN-CODE to input field list.
1/9/1998	W. Wallace	2	659	Added recoding for input value 63 (Pasadena).
12/31/1997	J. Dittman	2	566	Added validation of input value. Added recoding of input values 59 and 62 (Berkeley and Long Beach).

Medical Service Claims

**Output Field: PROVID** ID: Provider

**Definition:** The MEDSTAT Group's assigned unique identification number for the provider of service, based on the billing provider.

**DB2 Name:** PROV\_ID **Type:** DataScan Core Field **Missing Value:** Spaces

**Data Type:** CHARACTER **Display Length:** 13 **Storage Length:** 13

Input Fields:	Field Name	Data Type	Length
	F35-PLAN-CODE	X	2
	F35-PROVIDER-NUMBER	X	9

**Logic:** Remove any leading or embedded spaces from F35-PROVIDER-NUMBER prior to tagging. This will cause the field to be left-justified with spaces at the end of the field.

For Dental Providers (F35-PLAN-CODE = '0'), Reformat F35-PROVIDER-NUMBER in the following manner so that the number will match the format on the Provider Background Table:

1. Move the last 6 positions of the 9 character F35-PROVIDER-NUMBER to the first 6 positions
2. Add 3 spaces to the last three positions of F35-PROVIDER-NUMBER.

For Example,

The input Dental Claim contains the F35-PROVIDER-NUMBER 000D12345

The reformatted F35-PROVIDER-NUMBER that will be used for tagging will be D12345<sp><sp><sp>

Tag PROVID, LATCODE, LONGCODE, PROVZIPB from the Provider Background table, based on the following rules using the first match found:

For non-dental claims (F35-PLAN-CODE <> '0')::

When F35-PROVIDER-NUMBER = Prov Background MCALID, move tag fields from Prov Background to Claim Table

When F35-PROVIDER-NUMBER = Prov Background PROVLIC, move tag fields from Prov Background to Claim Table

When F35-PROVIDER-NUMBER = Prov Background PROVLICU, move tag fields from Prov Background to Claim Table

When F35-PROVIDER-NUMBER = Prov Background PROVTAX, move tag fields from Prov Background to Claim Table

When F35-PROVIDER-NUMBER (all numeric) = Prov Background PROVSSN, move tag fields from Prov Background to Claim Table

When PGMCODE = 2 or 4 and F35-PROVIDER-NUMBER = Prov Background PROVPLAN, move tag fields from Prov Background to Claim Table

For dental claims (F35-PLAN-CODE = '0'):

When F35-PROVIDER-NUMBER = Prov Background PROVPLAN, move tag fields from Prov Background to Claim Table

If no match is found on any of the IDs in the Provider Background table, use F35-PROVIDER-NUMBER with a hyphen/negative sign prefixed to it, e.g., ABC12345 becomes -ABC12345 and set tag fields

Medical Service Claims

**Output Field: PROVID** ID: Provider

(LATCODE, LONGCODE, and PROVZIPB) to zero.

Note: Do not use F35-PROVIDER-NUMBER if it is all spaces, zeros or low values.

Note2: See field level specs for LATCODE and LONGCODE for important information about the default value of zero.

**FOLOG Calls:** OPR-#22: When F35-PROVIDER-NUMBER does not equal spaces, zeroes, nines, or low-values but there is not match with the provider file (call FOLOG with F35-PROVIDER-NUMBER)

**Default:** Spaces (missing value). This is assigned when the input field is all spaces, 0s, 9s or low values.

**Precedents:** None

**Impact:** PROVID is used throughout DataScan and Panorama View to identify providers, so setting it correctly is very important. This field is extracted to Panorama View and used, along with PROVSPEC, PROVCONTY, and VENDORCD, to count the number of unique providers. Several Episodes Financial Fields are determined using PROVID.

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	5/1/2000	T. Poyner	5	1864	Removed FOLOG OPR-#22: When F35-PROVIDER-NUMBER does not equal spaces, zeroes, nines, or low-values but there is not match with the provider file (call FOLOG with F35-PROVIDER-NUMBER). This call made excessive page print on the FOLOG report and was not being evaluated.
	1/22/1999	L. Richardson	4	1162	Updated tag logic, added f35-plan-code in the logic, and add all tagged fields.
	1/22/1999	L. Richardson	4	1124	removed logic to set input ID to upper case, this is now done the Splitter.
	1/11/1999	T. Poyner	3	1130	Updated impact to Episodes.
	1/10/1999	J. Dittman	4	739	Updated impact to PV.
	11/30/1998	C. Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program. Removed when F35-PROVIDER-NUMBER = spaces, zeroes, nines, or low values.
	8/5/1998	C. Hubbert	3	1037	Add PROVLICU to match criteria for tagging. PROVLICU is the Uncollapsed Provider License number.
	8/4/1998	C. Hubbert	3	1000	Remove any leading or embedded spaces from the Provider Number and convert lowercase to uppercase to increase tagging rate. Reformat for Dental Providers (Shift left 3) Add added PROVPLAN to list of fields to tag on.
	5/14/1998	L. Macklem	3	739	Rewrote as functional spec, and clarified that we try to match on any of four IDs on the Provider Background table.
	1/5/1998	W. Wallace	2	632	If the tagging fails, use the input field with a prefixed hyphen/negative sign.
	12/8/1997	W. Wallace	2	545	Always use the *billing* provider ID, never the rendering provider.

---

Medical Service Claims

---

**Output Field: PROVIDBL**      Bill Provid

---

**Definition:** A number identifying the provider who billed for this service as it appears on the claim or encounter.

**DB2 Name:** PROV\_ID\_BILL

**Type:** Medi-Cal Custom Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 9

**Storage Length:** 9

---

**Input Fields:**    **Field Name**
**Data Type**
**Length**

F35-PROVIDER-NUMBER

X

9

---

**Logic:** PROVIDBL = F35-PROVIDER-NUMBER.

**FOLOG Calls:** None

**Default:** None. The input field is always moved as is.

**Precedents:** None

**Impact:**
**Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/8/1998	L. Macklem	3	739	Rewrote as functional spec.

## Medical Service Claims

---

**Output Field: PROVIDRE**      Render Prov
 

---

**Definition:** The provider number of the referring or prescribing provider as received on the claim. On Drug claims this is the Prescribing Provider. On Inpatient Claims this is the Admitting Provider. On Outpatient, Physician, and Vision claims, this is the Rendering Provider. On Long Term Care Claims, this is the Referring Provider.

**DB2 Name:** PROV\_ID\_RENDER**Type:** Medi-Cal Custom Field**Missing Value:** Spaces**Data Type:** CHARACTER**Display Length:** 9**Storage Length:** 9

---

Input Fields:	Field Name	Data Type	Length
	F35-PRESC-REF-PROV-NUM	X	9

---

**Logic:** PROVIDRD = F35-PRESC-REF-PROV-NUM.**FOLOG Calls:** None**Default:** None. The input value is always moved as is.**Precedents:** None**Impact:****Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/8/1998	L. Macklem	3	739	Rewrote as functional spec.

## Medical Service Claims

**Output Field: PROVIDTX** Taxonomy**Definition:** Identifies the provider type, classification and specialization for the billing provider.**DB2 Name:** PROV\_ID\_TAX**Type:** Medi-Cal Custom Field**Missing Value:** Spaces**Data Type:** CHARACTER**Display Length:** 10**Storage Length:** 10**Input Fields: Field Name**

F35-BILLING-PROVIDER-TAXONOMY

**Data Type**

CHARACTER

**Length**

10

**Logic:** IF F35-BILLING-PROVIDER-TAXONOMY is spaces or low values, set PROVIDTX to spaces (missing)  
 Otherwise, validate F35-BILLING-PROVIDER-TAXONOMY using PROVIDTX map.  
 If found on map, set PROVIDTX to F35-BILLING-PROVIDER-TAXONOMY else set to spaces (missing).

**FOLOG Calls:** OPR #XX: When F35-BILLING-PROVIDER-TAXONOMY not found on PROVIDTX map (call FOLOG using F35-BILLING-PROVIDER-TAXONOMY).

**Default:** Spaces**Precedents:** None**Impact:****Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	5/6/2002	C.Swanson	6	2811	Created field

## Medical Service Claims

**Output Field:** PROVSPEC

Prov Spec

**Definition:** Identifies the reported area of specialization for the rendering provider, as reported on the 35-File Provider/Physician or Dental Specialty field. For pharmacy claims, this represents the specialty of prescribing physician. For dental claims, the user will have to subset on Dental.

**DB2 Name:** PROV\_SPEC**Type:** Medi-Cal Custom Field**Missing Value:** Spaces**Data Type:** CHARACTER**Display Length:** 2**Storage Length:** 2

Input Fields:	Field Name	Data Type	Length
	F35-PROVIDER-SPECIALTY	X	2
	VENDORCD	X	2

**Logic:** For physicians, osteopaths and their group practices (VENDORCD = 20 or 22), validate F35-PROVIDER-SPECIALTY (if it is not spaces) from the PROVSPEC map, matching on:

F35-PROVIDER-SPECIALTY = ProvSpec Code and Provider Source = 'M'.

If the input value is valid, use it.

If the input value is not valid and not missing, Set PROVSPEC = XX, which designates an invalid (rather than a missing) value.

The invalid input values will be reported to DHS for investigation.

Note: PROVSPEC is set differently for the Drug table, but it produces comparable results. See the Drug field-level specifications.

For dentists (VENDORCD = 27), validate F35-PROVIDER-SPECIALTY (if it is not spaces) from the PROVSPEC map, matching on:

F35-PROVIDER-SPECIALTY = ProvSpec Code and Provider Source = 'D'

If the input value is valid, use it.

If the input value is not valid and not spaces, Set PROVSPEC = XX.

Otherwise, let PROVSPEC = spaces (missing).

**FOLOG Calls:** OPR-#66: When VENDORCD is equal to 20 or 22 and F35-PROVIDER-SPECIALTY is not a valid value on the PROVSPEC map (call FOLOG using F35-PROVIDER-SPECIALTY)

OPR-#66: When VENDORCD is equal to 20 or 22 and F35-PROVIDER-SPECIALTY is equal to spaces (call FOLOG with F35-PROVIDER-SPECIALTY).

OPR-#74: When VENDORCD is equal to 27 and F35-PROVIDER-SPECIALTY is not a valid value on the PROVSPEC map (call FOLOG using F35-PROVIDER-SPECIALTY)

OPR-#74: When VENDORCD is equal to 27 and F35-PROVIDER-SPECIALTY is equal to spaces (call FOLOG with F35-PROVIDER-SPECIALTY).

**Default:** Spaces (missing value). This is assigned if either (1) VENDORCD <> 20, 22 or 27, or (2) the input field is spaces.

**Precedents:** VENDORCD

**Impact:** PROVSPEC is the specialty of the \*rendering\* provider (PROVIDRE), and is not necessarily that of the unique provider ID (PROVID), which is based on the \*billing\* provider (PROVIDBL).

Panorama View: this field is a Provider Dimension and is found on the Claims Extracts. Therefore, any



---

Medical Service Claims

---

**Output Field: PROVSPEC**

Prov Spec

---

change to the PROVSPEC values or dimensions needs to be reflected in the Panorama View Catalog.

---

**Tech. Notes:**


---

<b>Revisions:</b>	<b>Date</b>	<b>Author(s)</b>	<b>Phase</b>	<b>IR(s)</b>	<b>Description</b>
	4/12/1999	L. Richardson	4	1119	Changed the value for invalid from '00' to 'XX'.
	1/4/1999	J. Dittman	4	739	Added impact to PV.
	11/30/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program. Added reference to call 74 for Dental Specialties.
	7/8/1998	C. Hubbert	3	1000	P3 data changes for Dental Providers. Provider Specialty will be processed for Dental Providers.
	5/15/1998	L. Macklem	3	739	Rewrote as functional spec.
	12/31/1997	J. Dittman	2	602	Set PROVSPEC to missing when VENDORCD <> 20 or 22.
	12/30/1997	J. Dittman	2	474	Validate input value before moving, and set PROVSPEC = 00 when input value is invalid.

---

## Medical Service Claims

**Output Field: PROVTyp** Provider Typ**Definition:** The MEDSTAT Group's standard provider type, representing the type of provider for this service.**DB2 Name:** PROV\_TYP\_CD**Type:** DataScan Core Field**Missing Value:** Zero**Data Type:** SMALLINT**Display Length:** 5**Storage Length:** 2

Input Fields:	Field Name	Data Type	Length
	F35-PROCEDURE-AREA	X	40
	F35-PROVIDER-SPECIALTY	X	2
	VENDORCD	X	2

**Logic:** PROVTyp is based on VENDORCD, plus in some cases another input field (either F35-PROVIDER-SPECIALTY or F35-PROCEDURE-AREA).

1. When VENDORCD is 20 or 22 (Physicians/osteopaths and their groups):

a. Look up PROVTyp in the PRTYP22 map, matching on:

F35-PROVIDER-SPECIALTY = PRTYP22 map Provider Specialty

when a match is found set PROVTyp = PROVTyp from PRTYP22 map

b. If no match is found, set PROVTyp = 50 (Physician not elsewhere classified)

2. When VENDORCD is 64 (Comm Hosp Short Doyle Mental Health), apply these rules \*in order.\* Use the first non-missing PROVTyp value:

a. PROVTyp = 23 (Mental Health/Chem Dep Day Care) when F35-PROCEDURE-AREA (bytes 7 - 10) is \*any\* of the following:

0310  
0320  
0325  
0801  
0901

b. PROVTyp = 21 (Mental Health Facilities) when F35-PROCEDURE-AREA (bytes 9 - 10) = 01.

c. PROVTyp = 22 (Chemical Dep Treatment Center) when F35-PROCEDURE-AREA (bytes 9 - 10) is \*any\* of the following:

10  
20  
25

3. When VENDORCD is 95 (Short Doyle Comm Mental Hospital Rehab), apply these rules \*in order.\* Use the first non-missing PROVTyp value:

a. PROVTyp = 23 when F35-PROCEDURE-AREA (bytes 7 - 10) is \*any\* of the following:

0801  
0901

b. Otherwise, PROVTyp = 21.

---

Medical Service Claims

---

**Output Field: PROVTyp**

Provider Typ

4. For all other VENDORCD values (except spaces), look up PROVTyp in the PRTYP map, matching on:

VENDORCD = PRTYP map Vendor Code

When a match is found set VENDORCD = VENDORCD from PRTYP map

If no match is found set VENDORCD to zero (missing).

**FOLOG Calls:** OPR-#25: When VENDORCD is not missing, not equal to '20' or '22', '64' or '95' and no match is found for VENDORCD on PROVTyp Table (call FOLOG using VENDORCD)

OPR-#25: When VENDORCD is equal to '64' and F35-PROCEDURE-AREA (bytes 9-10) are not equal to '01', '10', '20', or '25' (call FOLOG using VENDORCD)

OPR-#25: When VENDORCD is missing (call FOLOG with VENDORCD).

**Default:** Zero (missing value). This will be assigned when none of the rules yields a value for PROVTyp, or when VENDORCD is missing (spaces).

**Precedents:** VENDORCD

**Impact:** PROVTyp is a DataScan core field whose values are defined by MEDSTAT. It is used in the calculation of some Case- and Episode-level financial fields (e.g., HOSPCHG). PROVTyp is also used to assign HOSPCLAS on the Case table.

**Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	8/20/1999	L. Richardson	5	1454	Change the map names PROVTyp-22 to PRTYP22 and PROVTyp to PRTYP.
	12/28/1998	L. Richardson	4	1162	Clarified the mapping logic.
	11/30/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program.
	6/1/1998	L. Macklem	3	739	Rewrote as functional spec.

---

## Medical Service Claims

**Output Field: PROVZIP** Zip: Providr**Definition:** The 5 digit zip code of the Billing Provider's servicing address.**DB2 Name:** PROV\_ZIP\_CD**Type:** DataScan Core Field**Missing Value:** Zero**Data Type:** INTEGER**Display Length:** 5**Storage Length:** 4**Input Fields:** **Field Name****Data Type****Length**

F35-PROVIDER-ZIP-CODE

X

9

**Logic:** PROVZIP = F35-PROVIDER-ZIP-CODE \*bytes 1 - 5\* (if numeric).

If F35-PROVIDER-ZIP-CODE \*bytes 1 - 5\* not numeric or equal to low values set PROVZIP = 0 (zero).

**FOLOG Calls:** OPR-#58: When F35-PROVIDER-ZIP (bytes 1-5) is not numeric or is low-value (call FOLOG with F35-PROVIDER-ZIP-CODE).**Default:** 0 (missing value). This will be assigned if the input field is non-numeric or low values in bytes 1 - 5.**Precedents:** None**Impact:** HOSPPZIP is assigned the value of PROVZIP from the admission record in a case.**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	1/24/1999	L. Richardson	4	1162	Added ' and not low values' to the logic' and set to zero condition.
	11/30/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program.
	6/1/1998	L. Macklem	3	739	Rewrote as functional spec.

## Medical Service Claims

**Output Field: PROVZIPB** Bill Zip**Definition:** The zip code of the Billing Provider's 'pay-to' address.**DB2 Name:** PROV\_ZIP\_BILL**Type:** Medi-Cal Custom Field**Missing Value:** Zero**Data Type:** INTEGER**Display Length:** 9**Storage Length:** 4**Input Fields:** Field Name**Data Type****Length**

F35-PROVIDER-NUMBER

X

9

**Logic:** PROVZIPB is set during the tagging of PROVID. See PROVID.**FOLOG Calls:** None**Default:** Zero (missing value). This is assigned if the tag fails.**Precedents:** None**Impact:****Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	1/22/1999	L. Richardson	4	1162	Indicated all the tagging logic resides under PROVID.
	11/30/1998	C.Swanson	4	1162	Removed FOLOG call - moved to Provider tagging routine (OPR-#22)
	8/6/1998	C. Hubbert	3	1000	Added PROVPLAN as one of the provider identifier fields to tag on.
	8/5/1998	C. Hubbert	3	1037	Add PROVLICU to match criteria for tagging. PROVLICU is the Uncollapsed Provider License number.
	6/8/1998	L. Macklem	3	739	Rewrote as functional spec.

Medical Service Claims

**Output Field: QTY** Qty of Svcs

**Definition:** The number of units of service rendered by the provider. Based on the 35-File field UNITS. For outpatient supply and anesthesia claims, QTY is set to 1.

**DB2 Name:** OP\_SVC\_CNT

**Type:** DataScan Core Field

**Missing Value:** Null

**Data Type:** SMALLINT

**Display Length:** 5

**Storage Length:** 2

Input Fields:	Field Name	Data Type	Length
	F35-ADJUSTMENT--INDICATOR	X	1
	F35-CLAIM-INDICATOR	X	1
	F35-CLAIM-TYPE	X	1
	F35-UNITS	S9(8)V999	11
	SVCTYP	SMALLINT	4

**Logic:** Apply the following rules to assign QTY:

1. For inpatient claims (F35-CLAIM-TYPE = 2):

QTY = NULL (missing value)

Note: It is MEDSTAT standard practice to set QTY to missing for inpatient records, because QTY is intended to represent only \*outpatient\* services. See further under Impact.

2. For \*most\* outpatient services (F35-CLAIM-TYPE <> 2)

QTY = F35-UNITS (if numeric) \*\* See Technical Notes below \*\*

3. Override: For outpatient claims that report units other than \*services\* (e.g., anesthesia, blood, DME):

QTY = 1 for all claims except negative adjustments

QTY = -1 for negative adjustments (F35-CLAIM-INDICATOR = 2, 3, or 5)

The SVCTYPs that invoke this override are:

30 - 39 Anesthesiology  
78 Transportation  
80 Supplies NEC  
82 DME/Prosthetics  
83 Blood

**FOLOG Calls:** OPR-#26: When F35-CLAIM-TYPE is not equal to '2' (Not Inpatient) and SVCTYPE is not equal to 30-39, 78, 80, 82, or 83 (Blood, DME, Anesth . Etc ) and the F35-UNITS are equal to low-values or greater than 32768 or less than -32768 (call FOLOG with F35-UNITS).

**Default:** QTY: NULL (missing value).

The default value will be assigned when F35-UNITS should be used but it is non-numeric.

**Precedents:** SVCTYP

**Impact:** QTY is a DataScan core field. It is used to calculate the number of services in year-over-year outpatient reports. Therefore, it should represent the number of \*outpatient services\* delivered. For example, an outpatient blood transfusion is one service (QTY = 1), rather than the number of units of blood delivered; an ambulance ride is one service rather than number of miles driven.

Medical Service Claims

**Output Field: QTY** Qty of Svcs

The \*units\* (units of blood or anesthesia, ambulance miles, etc.) are stored in the Medi-Cal custom field UNITS, as are the reported units for \*inpatient\* services.

**Tech. Notes:** QTY has a datatype of SMALLINT, which means that it can store only numbers from -32767 to +32768. F35-UNITS can be anything in the range +/-999999.999. Therefore, F35-UNITS could be too big (negative or positive) for QTY. In this unlikely case, QTY is set to missing (NULL).

The NULL indicator filed for QTY is set to '?' when the logic indicates that QTY = NULL.

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/18/2002	C.Swanson	6	2811	Corrected input field length of F35-UNITS
	5/8/2002	C.Swanson	6	2811	Increased input size of F35-UNITS
	8/9/1999	L Richardson	5	1237	Changed input field length to s9(7)v999. The spec is not changing truncation could occur, tech notes updated.
	1/22/1999	L. Richardson	4	1162	Added the tech note about the NULL indicator value.
	12/23/1998	L. Richardson	4	1162	Removed the specs for the field UNITS and placed them separately in the workbook under the PC filed Name UNITS. Removed the specs for UNITS from the QTY specs as they programmed independently. The specs are in the workbook under UNITS.
	11/30/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program.
	5/14/1998	L. Macklem	3	739	Rewrote as functional spec. In so doing, combined QTY and UNITS to make it easy to see the relationship between them

---

Medical Service Claims

---



---

**Output Field: RECCOUNT**      Record Count

---

**Definition:** RECCOUNT is a constant value of 1 (one) for ease of record counting.

**DB2 Name:** RECORD\_COUNT

**Type:** Medi-Cal Custom Field

**Missing Value:** None

**Data Type:** DECIMAL

**Display Length:** 1, 0

**Storage Length:** 1

---

**Input Fields:**


---

**Logic:** RECCOUNT = 1

**FOLOG Calls:** None

**Default:** 1

**Precedents:** None

**Impact:**
**Tech. Notes:** This field has been added to the V\_ALL\_\* views for the specified tables and is not an actual field on the DB2 tables.

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	11/13/1998	K. Key	3	N/A	New Field.



Medical Service Claims

**Output Field: RECORDID** Record ID

**Definition:** Unique Record Identification Number unique to each claim. All detail records associated with a claim will have the same RECORDID. On the Compound Drug table, RECORDID will link the individual ingredients back to the Drug Table.

**DB2 Name:** RECORD\_ID

**Type:** Medi-Cal Custom Field

**Missing Value:** Zero

**Data Type:** DECIMAL

**Display Length:** 15, 0

**Storage Length:** 8

Input Fields:	Field Name	Data Type	Length
	F35-RECORD-IDENTIFICATION-NBR	DECIMAL	15

**Logic:** This field is set during the Splitter Program and copied to each individual Compound Drug record.

Set RECORDID = F35-RECORD-IDENTIFICATION-NUMBER

**FOLOG Calls:**

**Default:** None - this field should always be populated.

**Precedents:** None

**Impact:**

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/3/2002	C.Swanson	6	2811	Created field. Originally spec'ed this field as CMPNDNUM on the Drug and Compound Drug tables only.

---

Medical Service Claims

---

---

**Output Field: REFERRAL**      Referral No

---

**Definition:** Not available for Medi-Cal. Services will reflect 1. THIS FIELD SHOULD BE HIDDEN.**DB2 Name:** REFERRAL\_NBR**Type:** Req'd for Mgd Care Rptg**Missing Value:** Spaces**Data Type:** CHARACTER**Display Length:** 1**Storage Length:** 1

---

**Input Fields:**

---

**Logic:** REFERRAL = space (missing value).

Note: This field is required in DataScan managed care databases.

**FOLOG Calls:** None**Default:** None. REFERRAL is set to missing as a constant.**Precedents:** None**Impact:****Tech. Notes:**

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/2/1998	L. Macklem	3	739	Rewrote as functional spec.

## Medical Service Claims

---

**Output Field: RESCNTY**      Res County
 

---

**Definition:** The county in which the Medi-Cal eligible resides.**DB2 Name:** RES\_CNTY\_CD**Type:** Medi-Cal Custom Field**Missing Value:** Zero**Data Type:** DECIMAL**Display Length:** 2, 0**Storage Length:** 2

---

<b>Input Fields:</b>	<b>Field Name</b>	<b>Data Type</b>	<b>Length</b>
	F35-CIN	X	9
	MBR-EMPID	X	12
	MBR-ENROLLDT	DATE	10
	MBR-RESCNTY	DECIMAL	2
	SVCDATE	DATE	10

---

**Logic:** Look up RESCNTY in (tag from) the Eligibility table, matching on:

F35-CIN = MBR-EMPID

SVCDATE = MBR-ENROLLDT (match only on year and month).

When an Elig-Match is found, set RESCNTY = MBR-RESCNTY from the Eligibility Table.

If no Eligi-Match is found, set RESCNTY = 0 (missing).

**FOLOG Calls:****Default:** Zero.**Precedents:** SVCDATE**Impact:****Tech. Notes:**


---

<b>Revisions:</b>	<b>Date</b>	<b>Author(s)</b>	<b>Phase</b>	<b>IR(s)</b>	<b>Description</b>
	8/12/1999	L Richardson	5	1052	Original RESCNTY Spec added to the Claim Table Design.

---

Medical Service Claims

**Output Field:** RPTNETMC Rptd NetPay

**Definition:** The amount reported in the 35-File MEDI-CAL-REIM-AMT field on a capitated plan encounter record. This is not the actual Medi-Cal net payment amount and is, therefore, reported separately.

**DB2 Name:** RPTD\_NET\_PAY\_MC **Type:** Medi-Cal Custom Field **Missing Value:** Zero

**Data Type:** DECIMAL **Display Length:** 7, 0 **Storage Length:** 4

Input Fields:	Field Name	Data Type	Length
	F35-MEDI-CAL-REIM-AMT	S9(7)V99	9
	F35-PLAN-CODE	X	2

**Logic:** RPTNETMC = F35-MEDI-CAL-REIM-AMT (if numeric) when service is capitated, i.e., F35-PLAN-CODE is \*either\*:

02 (Managed Care Encounter)  
04 (COHS)

**\*\*Round\*\*** to the nearest dollar.

Note: This is the same criterion for setting CAPIND = Y, so when and only when CAPIND = Y, RPTNETMC is non-zero.

**FOLOG Calls:** OPR-#62: When F35-PLAN-CODE is equal to '2' or '4' (Capitated) and F35-MEDICAL-REIM-AMT is not numeric (call FOLOG with F35-MEDI-CAL-REIM-AMT).

**Default:** Zero. This is assigned when F35-PLAN-CODE is any value other than 2 or 4 (including missing), and when F35-MEDI-CAL-REIM-AMT is non-numeric.

**Precedents:** None

**Impact:**

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	5/9/2002	C.Swanson	6	2811	Changed input field length of plan code to 2
	11/30/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program. Also removed 'low-values' restriction
	6/8/1998	L. Macklem	3	739	Rewrote as functional spec. In so doing, added that field is rounded to nearest dollar.
	12/4/1997	W. Wallace	2	553	Added field to carry the net payment amount for capitated services.

## Medical Service Claims

**Output Field: RVUADJ**

Adjusted RVU

**Definition:** A measure of the effort and expense associated with providing a procedure, adjusted for cost variances due to provider location. The provider's zip code and Health Care Financing Administration (HCFA) geographic adjustment factors are used to calculate this value. Adjusted RVUs indicate how complex or resource intensive one procedure is compared to another.

**DB2 Name:** RVU\_ADJUST**Type:** Medi-Cal Custom Field**Missing Value:** None**Data Type:** DECIMAL**Display Length:** 5, 2**Storage Length:** 3

<b>Input Fields:</b>	<b>Field Name</b>	<b>Data Type</b>	<b>Length</b>
	PLACE	SMALLINT	2
	PROC1	CHARACTER	5
	PROCFLAG	DECIMAL	1
	PROCMOD	CHARACTER	2
	PROVZIP	INTEGER	5
	QTY	SMALLINT	5

**Logic:** The specs for RVUTOT and RVUADJ Field Level Attachment that provides background information helpful to the full interpretation of this Functional Spec. The RVUTOT spec must be executed successfully before RVUADJ. If the RVUTOT rules passed from the RVUTOT spec, then the RVUADJ can be calculated.

The Calculation of RVUADJ follows:

1. If PROVZIP = MISSING set RVUADJ to NULL (Missing) and discontinue.
2. If PROVZIP <> MISSING,

SEARCH the RVUADJ map using PROVZIP

If no match is found in the RVUADJ map, set RVUADJ to NULL (Missing) and discontinue.

If a match is found in the RVUADJ map

CALCULATE WORKING-RVUADJ = (WORKRVU \* WORKADJ) + (PERVU \* PEADJ) + (MPRVU \* MPADJ).

Then, CALCULATE RVUADJ = WORKING-RVUADJ \* QTY

**FOLOG Calls:**

**Default:** NULL (the missing value), set when no Adjusted RVU can be derived.

**Precedents:** PLACE, PROC1, PROCFLAG, PROCMOD, PROVZIP, QTY

**Impact:**

**Tech. Notes:**

<b>Revisions:</b>	<b>Date</b>	<b>Author(s)</b>	<b>Phase</b>	<b>IR(s)</b>	<b>Description</b>
	9/1/1999	L Richardson	5	965	New spec for customized RVU assignment.

Medical Service Claims

**Output Field: RVUTOT** Total RVUs

**Definition:** A measure of the effort and expense associated with providing a procedure. The RVU indicates how complex or resource-intensive one procedure is compared to another.

**DB2 Name:** RVU\_TOTAL

**Type:** Medi-Cal Custom Field

**Missing Value:** None

**Data Type:** DECIMAL

**Display Length:** 5, 2

**Storage Length:** 3

Input Fields:	Field Name	Data Type	Length
	PLACE	SMALLINT	2
	PROC1	CHARACTERF	5
	PROCMOD	CHARACTERF	2
	PROFLAG	DECIMAL	1
	PROVZIP	INTEGER	5
	QTY	SMALLINT	5

**Logic:**

The spec for RVUTOT includes the assignment for RVUWORK and has a Field Level Attachment that provides background information helpful to the full interpretation of this Functional Spec. The basic rules that must be applied to set RVUTOT and RVUWORK follow:

1. First the Claim Services are evaluated to determine if they should be considered / selected for an attempted RVU assignment. This selection criteria must be processed first.

If QTY <> Missing, and  
PROC1 <> Missing, and  
PROCFLAG = 1 (CPT4) or 7 (HCPCS), and  
PROCMOD not found in the RVUMODX map,  
or PROCMOD = 'SF', 'YY', 'ZZ' (2nd/3rd surgical opinions) and  
PROC1 not found in the RVUSURGX map, then attempt to assign RVUTOT \*\*\*.

\*\*\* The service is excluded from attempted RVU assignment for a 2nd/3rd surgical opinions, only when both are true: the PROCMOD is 'SF', 'YY', 'ZZ' and the PROC1 is on the RVUSURGX map. \*\*\*

2. The RVUTOT Assignment.

When any of the rules from (1) above are not true, then set RVUTOT, RVUWORK, and RVUADJ to missing (NULL) and discontinue.

When all of the rules from (1) are true, then:

Attempt to assign RVUTOT using the following rules:

A) If PROCMOD = 26 or TC or 53 (or any other Medi-Cal specific equivalents TBD)  
SEARCH the RVUHCFA map using PROC1 and PROCMOD,  
When a match is found, Look-up PLACE in the RVUPLACE map

If PLACE is found in the RVUPLACE map, use PERVU-F (facility) for the PERVU in the calculation,  
If PLACE is not found in the RVUPLACE map, use PERVU-O (office) for the PERVU in the calculation.

Calculate RVUTOT = (WORKRVU + PERVU + MPRVU) \* QTY, and  
Move WORKRVU from the RVUHCFA map to RVUWORK, and go on to calculate RVUADJ

---

Medical Service Claims

---

**Output Field: RVUTOT**

Total RVUs

- B) If PROCMOD <> 26 or TC or 53 or no match was found above,  
 SEARCH the RVUHCFA map using PROC1 and blank PROCMOD  
 When a match is found, Look-up PLACE in the RVUPLACE map

If PLACE is found in the RVUPLACE map, use PERVU-F (facility) for the PERVU in the calculation,  
 If PLACE is not found in the RVUPLACE map, use PERVU-O (office) for the PERVU in the calculation.

Calculate RVUTOT = (WORKRVU + PERVU + MPRVU) \* QTY, and  
 Move WORKRVU from the RVUHCFA map to RVUWORK, and go on to calculate RVUADJ

- C) If neither of the previous RVUHCFA table searches produces a match,  
 Set RVUTOT, RVUWORK and RVUADJ to missing (NULL) and discontinue.

\*\*\* If a match was found in the RVUHCFA table search, after calculating RVUTOT and setting  
 RVUWORK,  
 go on to calculate RVUADJ.

**FOLOG Calls:**

**Default:** NULL, set when no RVU Calculation can be made. We do not use zero because zero is a valid RVU amount.

**Precedents:** PROC1, PROCMOD, PROCFLAG, PLACE, PROVZIP, QTY

**Impact:**

**Tech. Notes:**

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	9/1/1999	L Richardson	5	965	New field to support customized RVU assignments.

---

Medical Service Claims

---



---

**Output Field: RVUWORK**      RVU Work

---

**Definition:** A value representing the amount of effort and expense required for the physician to perform the service or procedure. For episodes, the sum from all outpatient claims in the episode.

**DB2 Name:** RVU\_WORK

**Type:** Medi-Cal Custom Field

**Missing Value:** None

**Data Type:** DECIMAL

**Display Length:** 5, 2

**Storage Length:** 3

---

**Input Fields:**


---

**Logic:** This field is set during the RVUTOT specifications. See RVUTOT.

**FOLOG Calls:**

**Default:** NULL, this field is set to NULL when no valid RVU assignments can be made. We use NULL because zero is a valid RVUWORK assignment.

**Precedents:** see RVUTOT specs.

**Impact:**

**Tech. Notes:**

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	9/5/1999	L Richardson	5	965	New field added to the table.



Medical Service Claims

**Output Field: SEX** Sex

**Definition:** The gender of the eligible/recipient.

**DB2 Name:** SEX\_CD

**Type:** DataScan Core Field

**Missing Value:** Zero

**Data Type:** DECIMAL

**Display Length:** 1, 0

**Storage Length:** 1

Input Fields:	Field Name	Data Type	Length
	F35-BENE-SEX	X	1
	F35-CIN	X	9
	MBR-EMPID	X	9
	MBR-ENROLLDT	DATE	4
	MBR-SEX	DECIMAL	1
	NEWBORN	X	1
	SVCDATE	DATE	4

**Logic:** Tag SEX from Eligibility, but only if NEWBORN <> Y (same as MEMBERNO = 0), i.e., ensuring this is not a newborn record using his/her mother's CIN. If no Elig-Match can be found then set SEX = zero (missing), if this is newborn record set SEX = F35-BENE-SEX (if valid).

In detail, apply these rules in order:

1. Look up SEX in (tag from) Eligibility, matching on \*both\* the following, but only when NEWBORN <> Y:

F35-CIN = MBR-EMPID

SVCDATE = MBR-ENROLLDT (match on year and month only).

When an Elig-Match is found set SEX = MBR-SEX.

2. If no Elig-Match can be found; set SEX = zero (missing).

3. If NEWBORN = 'Y' then convert using these rules:

a. SEX = 1 (Male) when F35-BENE-SEX = 1 or M.

b. SEX = 2 (Female) when F35-BENE-SEX = 2 or F.

c. SEX = 0 (missing) if not A or B.

**FOLOG Calls:** OPR-#27: When NEWBORN is 'N' and an Elig-Match is found and MBR-SEX is missing (Call FOLOG using F35-BENE-SEX)

OPR-#71: When F35-BENE-SEX is not equal to 'M', 'I', 'F', or '2' and NEWBORN is equal to 'Y' (call FOLOG with NEWBORN).

**Default:** Zero (missing value). This will be assigned when NEWBORN <> Y and no Elig-Match is found.

**Precedents:** NEWBORN, SVCDATE  
SVCDATE

**Impact:** SEX is a key analytical field. It is used in many studies, and AGE-SEX adjustment is a basic adjustment methodology. It is used in the assignment of COHORT and HEDISCOH, and also for certain MDCs.

SEX is considered when assigning DRG, MDC, PDX, and MORTRISK on the Case table.

---

Medical Service Claims

---



---

**Output Field: SEX**                      Sex

---

Panorama View: this field is a Recipient Dimension (Gender) and is found on the Claims Extracts.  
Therefore, any change to SEX values or descriptions needs to be reflected in the Panorama View Catalog.

**Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	8/11/1999	L Richardson	5	1247	Change to logic to always tag from Elig unless a NEWBORN changed FOLOG OPR # 27 to call only when an Elig-Match found and SEX is missing.
	12/30/1998	T. Poyner	4	739	Added impact of SEX on Case table.
	11/30/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program.
	6/1/1998	L. Macklem	3	739	Rewrote as functional spec.
	1/9/1998	W. Wallace	2	658	Do NOT tag from Eligibility when NEWBORN = Y.
	12/4/1997	W. Wallace	2	523	Tag SEX from Eligibility if F35-BENE-SEX is invalid.

Medical Service Claims

**Output Field: SPANDAYS** LTC Days

**Definition:** The total length of stay reported on a long term care claim. Calculated as the difference between the claim admit date and the last service date. Please note that this field represents the total number of days and not the days billed on this claim line. If the number of days between the admit date and the last service date is greater than 32,767, the value displayed may have unexpected results.

**DB2 Name:** SPAN\_DAYS

**Type:** Medi-Cal Custom Field

**Missing Value:** Zero

**Data Type:** INTEGER

**Display Length:** 8

**Storage Length:** 4

Input Fields:	Field Name	Data Type	Length
	ADMITDT	D10	4
	SVCDATEL	D10	4
	MEDICARE	X	1

**Logic:** SPANDAYS = SVCDATEL - ADMITDT, when \*all\* the following are true:

1. Both input fields contain valid dates.
2. SVCDATEL >= ADMITDT.
3. MEDICARE <> 1 (i.e., this is not a Medicare cross-over recipient).

**FOLOG Calls:**

**Default:** Zero (missing value). This is assigned if any of the three conditions fails.

**Precedents:** MEDICARE

**Impact:**

**Tech. Notes:** The CSBDATE subroutine returns 0 as the return code to indicate a valid date.

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/10/2002	C.Swanson	6	2811	Removed FOLOG call.
	6/5/2002	C.Swanson	6	1946	Corrected FOLOG call to represent input fields
	8/1/2001	D. Boorse	6	1946	Change order of calculation of SPANDAYS to after ADMITDT and SVCDATEL are validated.
	7/23/2001	D. Boorse	6	1946	Changed field type from SMALLINT to INTEGER
	1/22/1999	L. Richardson	4	1162	Added tech note.
	11/11/1998	C. Swanson	4	1084	Created FOLOG call for when the difference between the La Service Date and the Admit Date is greater than 27 years.
	6/8/1998	L. Macklem	3	739	Rewrote as functional spec.

## Medical Service Claims

**Output Field:** SSNMEDS SSN or MEDS**Definition:** SSN or MEDS ID, found in the MEDs File. May also contain a psuedo SSN (first digit is either 8 or 9 and the last digit is a 'P'). This field is hidden to non-secure users.**DB2 Name:** SSN\_OR\_MEDS\_ID**Type:** Medi-Cal Custom Field**Missing Value:** Spaces**Data Type:** CHARACTER**Display Length:** 9**Storage Length:** 9

<b>Input Fields:</b>	<b>Field Name</b>	<b>Data Type</b>	<b>Length</b>
	F35-CIN	X	9
	MBR-EMPID	X	9
	MBR-ENROLLDT	DATE	4
	MBR-SSNMEDS	X	9
	SVCDATE	DATE	4

**Logic:** Tag from or Elig or set to missing, following these rules:

Look up SSNMEDS (tag from) the Eligibility Table, matching on \*both\*:

F35-CIN = MBR-EMPID

SVCDATE = MBR-ENROLLDT (match on year and month only)

When a match is found, set SSNMEDS = MBR-SSNMEDS.

If no Elig-Match is found, set SSNMEDS = spaces (missing)

NOTE: This field is hidden to non-secure MIS/DSS users.

**FOLOG Calls:****Default:** Spaces (default value). This is assigned when no Elig-Match is found.**Precedents:** SVCDATE**Impact:****Tech. Notes:**

<b>Revisions:</b>	<b>Date</b>	<b>Author(s)</b>	<b>Phase</b>	<b>IR(s)</b>	<b>Description</b>
	11/20/2000	C.Swanson	6	1921	Added note that this field is hidden
	8/13/1999	L Richardson	5	1247	Changed logic to only tag from Elig or set to missing. Removed FOLOG call OPR # 50 since the F35-SSN-OR-MEDS-ID is no longer used.
	12/28/1998	L. Richardson	4	1162	Corrected Functional Spec logic for validation of F35-SSNMEDS field.
	11/30/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program.
	6/8/1998	L. Macklem	3	739	Rewrote as functional spec.

## Medical Service Claims

---

**Output Field: STATUS**      Status

**Definition:** The Medicare "eligibility" based on age and Active/Retired status of the eligible/recipient. Not applicable for Medi-Cal. This field is hidden.

**DB2 Name:** EMP\_STATUS

**Type:** DataScan Core Field

**Missing Value:** Zero

**Data Type:** DECIMAL

**Display Length:** 1, 0

**Storage Length:** 1

---

Input Fields:	Field Name	Data Type	Length
	AGE	DECIMAL	3

---

**Logic:** STATUS = 4 (not Medicare eligible) when AGE < 65.

STATUS = 2 (Medicare eligible) when AGE >= 65.

When AGE is NULL(missing), STATUS is set to zero (missing)

Note: STATUS is a DataScan core field. Other values are used by commercial clients to distinguish active and retired employees, but for Medicaid programs only 2 and 4 are meaningful values.

**FOLOG Calls:** None

**Default:** Zero (missing value). This will be assigned when AGE is missing.

**Precedents:** AGE

**Impact:**

**Tech. Notes:**

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	12/28/1998	L. Richardson	4	1162	Clarified when set to missing and added ')' in the default.
	6/1/1998	L. Macklem	3	739	Rewrote as functional spec.

## Medical Service Claims

---

**Output Field: SUBCHG**      Submit Chg
 

---

**Definition:** Contains the submitted or billed charge for this service.**DB2 Name:** SUBMIT\_CHG**Type:** DataScan Core Field**Missing Value:** None**Data Type:** DECIMAL**Display Length:** 7, 0**Storage Length:** 4

---

Input Fields:	Field Name	Data Type	Length
	F35-DET-MEDI-CAL-AMOUNT-BILLED	S9(7)V99	9

---

**Logic:** SUBCHG = F35-DET-MEDI-CAL-AMOUNT-BILLED (if numeric) \*\*rounded to the nearest dollar.\*\*

If F35-DET-MEDI-CAL-AMOUNT-BILLED not numeric, set SUBCHG = 0 (zero).

Note: SUBCHG is identical to CHG. It is hidden from users in the DataScan application.

**FOLOG Calls:** OPR-#28: When F35-DET-MEDICAL-AMOUNT-BILLED is not numeric or is equal to low-values (call FOLOG with F35-DET-MEDI-CAL-AMOUNT-BILLED).**Default:** Zero (missing value). This is assigned when the input field is non-numeric.**Precedents:** None**Impact:****Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	12/28/1998	L. Richardson	4	1162	Removed 'low values' from the default logic.
	11/30/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program.
	6/1/1998	L. Macklem	3	739	Rewrote as functional spec.
	12/15/1997	W. Wallace	2	553	Removed the logic assigning SUBCHG = 0 for capitated services.

---

## Medical Service Claims

**Output Field:** SURFACE1      Surface 1**Definition:** A Medi-Cal identifier for the Surface of the Tooth for which services were rendered. This is the first of 5 single character codes that can be used on Dental claims.**DB2 Name:** TOOTH\_SURFACE\_1**Type:** Medi-Cal Custom Field**Missing Value:** Spaces**Data Type:** CHARACTER**Display Length:** 1**Storage Length:** 1

Input Fields:	Field Name	Data Type	Length
	CLMTYPE	X	1
	F35-TOOTH-SURFACE-1	X	1

**Logic:** For Dental Claims, Move As Is from the F35 Claim record, using the rules that follow:

If CLMTYPE = '5'

Set SURFACE1 = F35-TOOTH-SURFACE-1.

If not CLMTYPE = '5'

Set SURFACE1 = Spaces (missing)

**FOLOG Calls:****Default:** Spaces. Set to default when not a Dental Claim (CLMTYPE = '5').**Precedents:** CLMTYPE**Impact:****Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	8/13/1999	L. Richardson	5	1317	Original spec for this new field on the Claim Tables.

---

Medical Service Claims

---

**Output Field: SURFACE2**      Surface 2

---

**Definition:** A Medi-Cal identifier for the Surface of the Tooth for which services were rendered. This is the second of 5 single character codes that can be used on Dental claims.

**DB2 Name:** TOOTH\_SURFACE\_2

**Type:** Medi-Cal Custom Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 1

**Storage Length:** 1

---

Input Fields:	Field Name	Data Type	Length
	CLMTYPE	X	1
	F35-TOOTH-SURFACE-2	X	1

---

**Logic:** For Dental Claims, Move As Is from the F35 Claim record, using the rules that follow:

If CLMTYPE = '5'

Set SURFACE2 = F35-TOOTH-SURFACE-2.

If not CLMTYPE = '5'

Set SURFACE2 = Spaces (missing)

**FOLOG Calls:**

**Default:** Spaces. Set when not a Dental claim (CLMTYPE = '5').

**Precedents:** CLMTYPE

**Impact:**

**Tech. Notes:**

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	8/13/1999	L Richardson	5	1247	Original spec for this new field on the Claim Tables.



---

Medical Service Claims

---

**Output Field: SURFACE3**      Surface 3

**Definition:** A Medi-Cal identifier for the Surface of the Tooth for which services were rendered. This is the third of 5 single character codes that can be used on Dental claims.

**DB2 Name:** TOOTH\_SURFACE\_3

**Type:** Medi-Cal Custom Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 1

**Storage Length:** 1

---

Input Fields:	Field Name	Data Type	Length
	CLMTYPE	X	1
	TOOTH-SURFACE-3	X	1

---

**Logic:** For Dental Claims, Move As Is from the F35 Claim record, using the rules that follow:

If CLMTYPE = '5'  
Set SURFACE3 = F35-TOOTH-SURFACE-3.

If not CLMTYPE = '5'  
Set SURFACE3 = Spaces (missing)

**FOLOG Calls:**

**Default:** Spaces. Set when not a Dental claim (CLMTYPE = '5').

**Precedents:** CLMTYPE

**Impact:**

**Tech. Notes:**

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	8/13/1999	L Richardson	5	1247	Original spec for this new field on the Claim Tables.

---

Medical Service Claims

---

**Output Field: SURFACE4**      Surface 4

---

**Definition:** A Medi-Cal identifier for the Surface of the Tooth for which services were rendered. This is the fourth of 5 single character codes that can be used on a Dental claims.

**DB2 Name:** TOOTH\_SURFACE\_4

**Type:** Medi-Cal Custom Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 1

**Storage Length:** 1

---

Input Fields:	Field Name	Data Type	Length
	CLMTYPE	X	1
	TOOTH-SURFACE-4	X	1

---

**Logic:** For Dental Claims, Move As Is from the F35 Claim record, using the rules that follow:

If CLMTYPE = '5'

Set SURFACE4 = F35-TOOTH-SURFACE-4.

If not CLMTYPE = '5'

Set SURFACE4 = Spaces (missing)

**FOLOG Calls:**

**Default:** Spaces. Set when not a Dental claim (CLMTYP = '5').

**Precedents:** CLMTYPE

**Impact:**

**Tech. Notes:**

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	8/13/1999	L Richardson	5	1247	Original spec for this new field on the Claim Tables.

---

Medical Service Claims

---

**Output Field: SURFACE5**      Surface 5

**Definition:** A Medi-Cal identifier for the Surface of the Tooth for which services were rendered. This is the fifth of 5 single character codes that can be used on a Dental claims.

**DB2 Name:** TOOTH\_SURFACE\_5

**Type:** Medi-Cal Custom Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 1

**Storage Length:** 1

---

Input Fields:	Field Name	Data Type	Length
	CLMTYPE	X	1
	TOOTH-SURFACE-5	X	1

---

**Logic:** For Dental Claims, Move As Is from the F35 Claim record, using the rules that follow:

If CLMTYPE = '5'

Set SURFACE5 = F35-TOOTH-SURFACE-5.

If not CLMTYPE = '5'

Set SURFACE5 = Spaces (missing)

**FOLOG Calls:**

**Default:** Spaces. Set when not a Dental claim (CLMTYPE = '5')

**Precedents:** CLMTYPE

**Impact:**

**Tech. Notes:**

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	8/13/1999	L Richardson	5	1247	Original spec for this new field on the Claim Tables.

Medical Service Claims

**Output Field: SVCCAT** Service Cat

**Definition:** The category of service values used by the MIS solution, Panorama View.

**DB2 Name:** SVC\_CAT

**Type:** Medi-Cal Custom Field

**Missing Value:** Zero

**Data Type:** SMALLINT

**Display Length:** 5

**Storage Length:** 2

Input Fields:	Field Name	Data Type	Length
	AGE	DECIMAL	3
	DRUGCODE	X	7
	F35-ACCOMMODATION-CODE	X	2
	F35-CLAIM-TYPE	X	1
	F35-FAMILY-PLANNING-IND	X	1
	F35-FI-PROVIDER-TYPE	X	3
	F35-MEDICAL-SUPPLY-IND	X	1
	F35-PROCEDURE-AREA	X	40
	F35-PROVIDER-NUMBER	X	9
	F35-PROVIDER-TYPE	X	2
	F35-SMART-KEY-GTC	X	2
	NDC	DECIMAL	11
	PROC1	X	5
	SVCTYP	SMALLINT	5
	VENDORCD	X	2

**Logic:** The intention is to set SVCCAT with the rules used on HCFA 2082 category of service reports. The logic is essentially driven by VENDORCD, but often this field alone is not sufficient to assign SVCCAT, so other criteria are added.

See Attachment: SVCCAT for the detailed logic.

**FOLOG Calls:** OPR-#61: When SVCCAT(Service Category) is equal to '19' (Call FOLOG with VENDORCD).

**Default:** 19 - Other Services - There should never be a missing value. All services will default to 19 if no other assignment can be made.

**Precedents:** AGE  
DRUGCODE  
NDC  
PROC1  
SVCTYP  
VENDORCD

**Impact:** SVCCAT is a Panorama View dimension field and is used in the MIS/DSS to provide information consistent with the HCFA 2082 used by the Medi-Cal program. The same rules used to assign HCFA 2082 Category of Service assignments are used in determining the SVCCAT value for the MIS/DSS. Any change to SVCCAT values or descriptions will need to be reflected in the Panorama View Catalog.

**Tech. Notes:** Beginning in Phase 4 we will use a single sub-program that is used by both the Claim and Drug convert Program.

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	5/8/2002	C.Swanson	6	2811	Changed input field length of procedure area to 40
	8/6/1999	L Richardson	5	1237	Change length for input field f35-Fi-Provider-Type to 3, and changed logic to look for '008' instead of '08'.

Medical Service Claims				
Output Field: SVCCAT	Service Cat			
1/9/1999	L Richardson	4	1165	Technical Note about single sub routine for SVCCAT.
1/5/1999	J. Dittman	4	739	Updated impact to PV.
12/8/1998	K. Key	4	N/A	In order to match the EGAD table, modified the missing rule be zero instead of none.
11/30/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program. Also change '00' to '19' which is 'Other Services'
7/28/1998	L Richardson	3	1026	Revisions requested as a result of the Phase 3 System Design Deliverable
6/8/1998	L Richardson	3	720	Minor modifications to bring the spec in line with the HCFA 2082 reporting rules
5/29/1998	L. Macklem	3	739 720	Rewrote as functional spec. Revised spec per letter MIS/DSS 034-0198 of 1/26/98.
1/9/1998	J. Dittman	2	515	Removed logic excluding OBRA aliens (AIDCODE 55) for SVCCATS 02, 05, 07 and 62 per Bonnie Williams.
12/16/1997	J. Dittman	2	515	Revised specs to more closely match the Federal Type of Service Categories provided by Bonnie Williams.

## Medical Service Claims

**Output Field: SVCDATE** Service Date**Definition:** The first date of service for this record (CCYY-MM-DD format).**DB2 Name:** SVC\_DT**Type:** DataScan Core Field**Missing Value:** 0001-01-01**Data Type:** DATE**Display Length:** 10**Storage Length:** 4

Input Fields:	Field Name	Data Type	Length
	F35-DET-FROM-DATE-OF-SERVICE	S9	8
	F35-FI-CLAIM-TYPE	X	2
	F35-HDR-FROM-DATE-OF-SERVICE	S9	8
	F35-PLAN-CODE	X	2

**Logic:** This logic assigns:

SVCDATE  
 SVCDTMM  
 SVCDTTY

The Splitter program has already dropped records with an invalid service date.

Validate and use the detail-level service date (F35-DET-FROM-DATE-OF-SERVICE), when \*either\* of the following is true:

1. F35-PLAN-CODE = any valid code other than 02 (GMC). Valid plan codes are 00 - 09.
2. \*Both\* the following are true:  
 F35-PLAN-CODE = 02 (GMC)  
 F35-FI-CLAIM-TYPE <> '03' or '04' (i.e., not Inpatient or Outpatient).

Validate and use the header-level service date (F35-HDR-FROM-DATE-OF-SERVICE), when \*either\* of the following is true:

1. F35-PLAN-CODE is not a valid value
2. \*Both\* the following are true:  
 F35-PLAN-CODE = 02  
 F35-FI-CLAIM-TYPE = '03' or '04' (Inpatient or Outpatient).

If the appropriate input service date (detail or header) is an invalid, use the RUNDATE at the time the programs are being run. RUNDATE is a parameter defined as the first day of the last month in the 30-month database window.

SVCDTMM = month portion (1 - 12) of SVCDATE.  
 SVCDTTY = year portion (CCYY) of SVCDATE.

**FOLOG Calls:** OPR-#29: When F-35-DET-FROM-DATE-OF-SERVICE invalid (call FOLOG using F35-DET-FROM-DATE-OF-SERVICE)  
 OPR-#30: When F35-HDR-FROM-DATE-OF-SERVICE invalid (call FOLOG using F35-HDR-FROM-DATE-OF-SERVICE)

**Default:** RUNDATE**Precedents:** None

**Impact:** SVCDATE is a critical field, as it defines the 'Date of Service' view of the data. This field is extracted to Panorama View.

Medical Service Claims

**Output Field: SVCDATE** Service Date

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	5/9/2002	C.Swanson	6	2811	Changed input field length of plan code to 2
	8/6/1999	L. Richardson	5	1237	Changed the input lengths to 8, removed logic that set the century to '19', and removed 'non Y2K' compliant reference
	6/14/1999	L. Richardson	4	1320	Change 'incurred' to 'Date of Service' in the impact statement
	1/22/1999	K. Key	4	1162	Updated default to be RUNDATED. Clarified logic to match impact code. Added Tech Note about field not being Y2K compliant. Added FOLOG calls.
	1/10/1999	J. Dittman	4	739	Updated impact to PV.
	1/7/1999	T. Poyner	4	1210	Changed date format from YYYYMMDD to CCYYMMDD description and logic.
	6/1/1998	L. Macklem	3	739	Rewrote as functional spec.

## Medical Service Claims

**Output Field:** SVCDATEL      Last Svc Dte**Definition:** The last date of service for the record (CCYY-MM-DD format).**DB2 Name:** LAST\_SVC\_DT**Type:** Medi-Cal Custom Field**Missing Value:** 0001-01-01**Data Type:** DATE**Display Length:** 10**Storage Length:** 4**Input Fields:** Field Name**Data Type****Length**

F35-DET-TO-DATE-OF-SERVICE

S9

8

**Logic:**

SVCDATEL = F35-DET-TO-DATE-OF-SERVICE (if a valid date)

If F35-DET-TO-DATE-OF-SERVICE not a valid date set SVCDATEL to 0001-01-01 (missing)

**FOLOG Calls:** None**Default:****Precedents:** None**Impact:** Panorama View: this field is found on the Claims Extracts and is used to calculate measures in the Quality Folder. It is part of the key (EMPID/month/year combination) to write a new monthly Quality record and also used to compute Age in Days for Neonatal Deaths and Childhood Pneumonia.**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	8/6/1999	L. Richardson	5	1237	Changed the input lengths to 8, removed logic that set the century to '19', and removed 'non Y2K' compliant reference
	1/10/1999	J. Dittman	4	739	Added impact to PV.
	1/7/1999	T. Poyner	4	1210	Changed date format from YYYYMMDD to CCYYMMDD description.
	12/28/1998	L. Richardson	4	1162	Clarified the logic wording. Added tech note not Y2K.



---

**Medical Service Claims**

---

**Output Field: SVCDTMM**      Svc Month

---

**Definition:** The month of service (MM format).**DB2 Name:** SVC\_DT\_MM**Type:** DataScan Core Field**Missing Value:** Zero**Data Type:** SMALLINT**Display Length:** 5**Storage Length:** 2

---

**Input Fields:**

---

**Logic:** See SVCDATE.**FOLOG Calls:** None**Default:** None**Precedents:** None**Impact:****Tech. Notes:**

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/1/1998	L. Macklem	3	739	In rewriting as functional spec, combined with SVCDATE.

---

Medical Service Claims

---



---

**Output Field:** SVCDTYY      Svc Year

---

**Definition:** The year of service (CCYY format).**DB2 Name:** SVC\_DT\_YYYY**Type:** DataScan Core Field**Missing Value:** Zero**Data Type:** SMALLINT**Display Length:** 5**Storage Length:** 2

---

**Input Fields:**


---

**Logic:** See SVCDATE.**FOLOG Calls:** None**Default:** None**Precedents:** None**Impact:****Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	1/7/1999	T. Poyner	4	1210	Changed date format from YYYYMMDD to CCYYMMDD description.
	6/1/1998	L. Macklem	3	739	In rewriting as functional spec, combined with SVCDATE.

Medical Service Claims

**Output Field: SVCTYP** Service Type

**Definition:** The MEDSTAT Group's standard type of service, based on the procedure code or revenue code on the claim or encounter.

**DB2 Name:** SVC\_TYP **Type:** DataScan Core Field **Missing Value:** Zero

**Data Type:** SMALLINT **Display Length:** 5 **Storage Length:** 2

Input Fields:	Field Name	Data Type	Length
	F35-CLAIMS-TYPE	X	1
	F35-PLAN-CODE	X	2
	F35-PROCEDURE-INDICATOR	X	1
	F35-VENDOR-CODE	X	2
	PROC1	CHAR	5
	UB92	CHAR	3

**Logic:** SVCTYP is assigned using either the PROC1 field or the UB92 field, depending on the conditions outlined below. The SVCTYP assignment is made based on the map called for the first condition met below. If the SVCTYP does not get assigned based on the conditions and map searches below, then the SVCTYP should be set to missing.

Ordered Rules:

Condition #1

When UB92 is missing and the PROC1 is missing, set SVCTYP to missing and do not examine any of the following conditions.

Condition #2

UB92 is NOT Missing:

Search the SVCUB92 Map matching on: UB92 = SVCUB92 Map UB92 code.

When a match is found, set the SVCTYP to the value found in the map. If no match is found, then set SVCTYP to missing and do not examine any of the following conditions.

Condition #3

When UB92 is missing and the PROC1 is not missing and one of the following conditions is met then set SVCTYP based on the instructions within each of the numbered rules below:

1. the F35-Procedure-Indicator is '7' (LA Waiver)

Search the SVCLAWAV Map matching on: PROC1 = SVCLAWAV Map Proc Code.

Move the matching SVCTYP from the SVCLAWAV Map to the SVCTYP on the claim. If no match is found, continue by checking the following rules:

2. the F35-Plan-Code = '6' (DDS) and the f35-Vendor-Code = '56' (Hosp: State Dev Disabled) or '57'

Medical Service Claims

**Output Field: SVCTYP**

Service Type

(Hosp: State Mentally Dis): (if these are not true go to 3)

Search the SVCST Map matching on: PROC1 = SVCST Map Proc Code. Move the matching SVCTYP from the SVCST Map to the SVCTYP on the claim. If no match is found, set the SVCTYP to missing and discontinue.

3. the F35-Plan-Code = '02' (GMC or 2-Plan Model) or '04' (COHS) or '09' (FFS) and F35-Vendor-Code is '47' (Intermediate Care Fac) or '80' (Nursing Facility SNF): (if these are not true go to 4)

Search the SVCLTC Map matching on: PROC1 = SVCLTC Map Proc Code. Move the matching SVCTYP from the SVCLTC Map to the SVCTYP on the claim. If no match is found set the SVCTYP to missing and discontinue.

4. the F35-Vendor-Code = '64' (Hosp: Comm SDMH) and F35-Claim-Type = '2' (Inpatient) (if these are not true go to 5)

Search the SVCMODE Map matching on: PROC1 = SVCMODE Map Proc Code. Move the matching SVCTYP from the SVCMODE Map to the SVCTYP on the claim. If no match is found set the SVCTYP to missing and discontinue.

5. the rules for 2, 3, and 4 are not true, set by either (A) 4-byte PROC1 code or (B) 5-byte PROC1 code:

(A) the PROC1 is not equal to spaces in positions 1-4 and is space in position 5, Search the SVCCPT4 Map matching on: PROC1 = SVCCPT4 Map Proc Code. Move the matching SVCTYP from the map to the SVCTYP on the claim. If no match is found set the SVCTYP to missing and discontinue.

or

(B) the PROC1 is not equal to spaces in positions 1-5, Search the SVCCPT Map matching on: PROC1 = SVCCPT Map Proc Code. Move the matching SVCTYP from the map to the SVCTYP on the claim. If no match is found set the SVCTYP to missing and discontinue.

**FOLOG Calls:** OPR-#32: When UB92 is not missing but no match was found for Service Type on SVCTYP-UB92 Table (call FOLOG with F35-REV-CD)

OPR-#32: When UB92 is missing and PROC1 is not missing and F35-PLAN-CODE is equal to '6' and F35-VENDOR-CODE is equal to '56' or '57' but there is no match for Service Type on SVCTYP-ACCOMSTATE Table (call FOLOG using F35-REV-CD)

OPR-#32: When UB92 is missing and PROC1 is not missing and F35-PLAN-CODE is equal to '2', '4' or '9' and F35-VENDOR-CODE is equal to '47' or '80' but there is no match for Service Type on SVCTYP-ACCOMLTC Table (call FOLOG using PROC1)

OPR-#32: When UB92 is missing and PROC1 is not missing and F35-VENDOR-CODE is equal to '64' and F35-CLAIM-TYPE is equal to '2' but there is no match for Service Type on SVCTYP-ACCOMMODE (call FOLOG using F35-REV-CD)

OPR-#31: When UB92 is missing and PROC1 is not missing and there is no match for Service Date on SVCTYP-CPT&HCPC Table (call FOLOG using PROC1)

OPR-#32: When UB92 is missing and PROC1 is missing (call FOLOG with F35-REV-CD).

**Default:** Zero (missing value)

**Precedents:** PROC1 and UB92

**Impact:** SVCTYP is a DataScan core field. It represents procedure and revenue codes in broad ranges, which are

Medical Service Claims

**Output Field: SVCTYP** Service Type

used in various types of processing. For example, SVCTYP = 60 - 69 (room and board), is one of the criteria for a service that can start or extend an inpatient Case; setting these values correctly is very important for correctly building Cases.

Panorama View: this field is on the Claims Extracts and is used in the Quality Folder to calculate the number of admissions, based on a SVCTYP 60-69 and PLACE = 1-19. The new Case Days extract in v2.0 is used only for the Utilization Folder; the Quality measures continue to be calculated based on the claims detail records.

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	5/9/2002	C.Swanson	6	2811	Changed input field length of plan code to 2
	8/20/1999	L. Richardson	5	1461	Create a 2nd SVCCPT map for 4-byte PROC1 codes and modified the logic to access them.
	1/10/1999	J. Dittman	4	739	Added impact to PV.
	12/28/1998	L. Richardson	4	1162	Moved the logic from an attachment into the Logic section, added Precedents and Impact.
	11/30/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program. Also added PLAN-CODE equal to '2' (IR 800) for the third FOLOG call criteria
	6/19/1998	L Richardson	3	760	Modified SVCTYP assignments by adding a new SVCTYP map for use when LA Waiver codes are submitted. And converted to a functional spec format.
	5/28/1998	L Richardson	3	800	Modified conversion logic to include F35-PLAN-CODE = '2' with plan codes '4' and '9' for SVCTYP (using F35-ACCOMMODATION-CODE (VENDORCDs 47 and 80)).
	5/18/1998	L. Macklem	3	739	Rewrote as functional spec. In so doing, combined with logic for PROC1, PROCFLAG, PROCIND and UB92.
	1/12/1998	W. Wallace	2	579	Revised logic to use UB92 rather than PROC1 as input if both fields populated.

Medical Service Claims

**Output Field:** TAPEDT Tape Date

**Definition:** The submitted tape date. The year and month represents the data tape on which this claim or encounter was submitted (CCYYMMDD format).

**DB2 Name:** TAPE\_DT **Type:** Medi-Cal Custom Field **Missing Value:** 0001-01-01

**Data Type:** DATE **Display Length:** 10 **Storage Length:** 4

Input Fields:	Field Name	Data Type	Length
	N/A	N/A	N/A

**Logic:** TAPEDT is set by a run JCL control card parameter called the 'Run Date'. This parameter is the first day of the last month in the database's 30-month window.

Example: Assume a database install covering paid data for Jan 95 through June 97. The 'Run Date' (in CCYYMMDD format) will be 19970601. TAPEDT for all this data will be 1997-06-01. Now, we do a monthly update for July 97 paid data. For this update data only, the 'Run Date' will be 19970701, and TAPEDT will be 1997-07-01, regardless of paid dates reported on the input file.

**FOLOG Calls:** None

**Default:** None

**Precedents:** None

**Impact:** TAPEDT is useful for troubleshooting of monthly updates.

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	1/24/1999	L. Richardson	4	1162	Added reference to 'Run Date'.
	1/7/1999	T. Poyner	4	1210	Changed the date format from CCCCMMDD in description and YYYYMMDD in logic to CCYYMMDD.
	12/8/1998	K. Key	4	N/A	In order to match the EGAD table, modified the missing rule be 0001-01-01 instead of none.
	6/9/1998	L Richardson	3	1001	Changed the format of the field from mmyy to cccc-mm-dd
	5/14/1998	L. Macklem	3	739	Rewrote as functional spec, stating how TAPEDT is set.

---

Medical Service Claims

---

**Output Field: TARIND** Tar Ind

---

**Definition:** Identifies if a Treatment Authorization Request (TAR) was indicated.

**DB2 Name:** TAR\_IND

**Type:** Medi-Cal Custom Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 1

**Storage Length:** 1

---

**Input Fields: Field Name**
**Data Type**
**Length**

TARNUM

CHARACTER

11

---

**Logic:** When TARNUM populated (not spaces and not all zeroes)  
Set TARIND = 1

**FOLOG Calls:**
**Default:**
**Precedents:** None

**Impact:**
**Tech. Notes:**


---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	3/13/2003	J. Abbott	6	3144	Modify logic such that when TARNUM not spaces and not a zeroes, then TARIND = 1.
	6/6/2002	C.Swanson	6	2811	Created field

Medical Service Claims

**Output Field: TARNUM** TAR Number

**Definition:** Identifies the Treatment Authorization Control number assigned to pre-authorize the service.

**DB2 Name:** TAR\_NUM

**Type:** Medi-Cal Custom Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 11

**Storage Length:** 11

Input Fields:	Field Name	Data Type	Length
	F35-TAR-CONTROL-NUMBER	CHARACTER	11

**Logic:** If F35-TAR-CONTROL-NUMBER is spaces or low values or all zeroes, set TARNUM to all spaces (missing).  
Otherwise set to F35-TAR-CONTROL-NUMBER.

NOTE: If data is submitted in the old format (pre-SDN 6043) after April 2002 and TARIND is set to YES but the actual TAR number is not available in the old format so ITSD will populate the F35-TAR-CONTROL-NUMBER with one of the following values so that TARNUM can still be set:

All spaces

'Y ' ('Y' followed by 10 spaces)

'E ' ('E' followed by 10 spaces)

'A ' ('A' followed by 10 spaces)

'I ' ('I' followed by 10 spaces)

**FOLOG Calls:**

**Default:** Space

**Precedents:** None

**Impact:**

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	4/10/2003	J. Abbott	6	3144	Correct specs for missing value
	4/4/2003	J. Abbott	6	3144	Change missing value from zeroes to spaces.
	4/3/2003	J. Abbott	6	3144	Update info about specific values that may be sent in the old format.
	3/13/2003	J. Abbott	6	3144	Change "Missing" value from space to zeroes; add information about value '00000000002'.
	6/6/2002	C.Swanson	6	2811	Created field



## Medical Service Claims

---

**Output Field: TG** Treat Grp
 

---

**Definition:** A value assigned by The MEDSTAT Group identifying outpatient services by medical condition, based on diagnosis. TG is set to 0 (zero) on Drug Claims.

**DB2 Name:** TREATMENT\_GRP

**Type:** DataScan Core Field

**Missing Value:** Zero

**Data Type:** SMALLINT

**Display Length:** 5

**Storage Length:** 2

---

**Input Fields: Field Name**

**Data Type**

**Length**

N/A

N/A

N/A

---

**Logic:** Claim Convert Logic:

Sets TG to 0 (zero).

DATASCAN CORE Logic:

The assignment of a Treatment Group (TG) is based on a classification system, Patterns Review<sup>®</sup> (formerly Patterns of Treatment) by HPR Inc. The PATTERN lookup table in Edit, purchased from HPR Inc., assigns PATTERN based on diagnosis code (DX1). Once the diagnosis code has been mapped to a PATTERN, the PATTERNS are regrouped into TGs. TGs were developed by The MEDSTAT Group. The actual mapping of PATTERN to TG is done by the Edit with a table named PATTERN\_TG. If PATTERN is missing, then TG is also set to missing. In summary, the diagnosis code on the incoming record is used to assign PATTERN, and PATTERN is then used to assign TG.-

**FOLOG Calls:** None

**Default:** 0 (zero)

**Precedents:** None

**Impact:**

**Tech. Notes:**

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	1/24/1999	L. Richardson	4	1162	Convert to functional spec.
	12/8/1998	K. Key	4	N/A	In order to match the EGAD table, modified the missing rule be zero instead of none.
	11/16/1998	K. Key	4	1162	Updated default value to be zero and missing value to be non

---

Medical Service Claims

---



---

**Output Field:** TOTMISS      TOTMISS Ind

---

**Definition:** An Indicator that identifies when a missing RVUTOT occurs because the PROC1 was not found in the HCFA RVU assignment table.

**DB2 Name:** RVU\_TOT\_NOT\_FOUND      **Type:** Medi-Cal Custom Field      **Missing Value:** Spaces

**Data Type:** CHARACTER      **Display Length:** 1      **Storage Length:** 1

---

**Input Fields:**


---

**Logic:** TOTMISS is set during the TOTRVU assignment logic, see the TOTRVU spec.

**FOLOG Calls:**

**Default:**

**Precedents:** None

**Impact:**

**Tech. Notes:**

---

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	10/20/1999	T. Poyner	5	965	Added new field.

Medical Service Claims

**Output Field:** TOTRVU Tot RVU

**Definition:** A measure of the effort and expense associated with providing a procedure. The RVU indicates how complex or resource-intensive one procedure is compared to another. This is a hidden field for Medi-Cal.

**DB2 Name:** TOT\_RVU **Type:** DataScan Core Field **Missing Value:** Zero

**Data Type:** DECIMAL **Display Length:** 5, 0 **Storage Length:** 3

Input Fields:	Field Name	Data Type	Length
	N/A	N/A	N/A

**Logic:** Claims Convert Logic:

Set TOTRVU = 0 (zero).

DATASCAN CORE Logic:

A relative value unit (RVU) is a value representing a measure of effort and expense (i.e., a more expensive service that requires more effort will have a higher RVU). The RVU assignment for a procedure consists of three components: (1) work effort; (2) practice expense; and (3) malpractice costs. RVUs were developed to reimburse physicians based on the resources applied in performing a particular procedure. The reasoning behind RVUs is that physicians should be reimbursed based on the work associated with and the cost involved in delivering the service, not on what the physician has charged in the past.

The Total RVU represents the number of Relative Value Units for that record, without making any adjustments for geographic location (see ADJRVU). The three components for work effort, practice expense, and malpractice costs are summed together and multiplied by the quantity field to get the Total RVUs for a record.

RVUs are set to 0 (zero), missing, if any of the following are true:

- \* QTY is MISSING
- \* PROVTYP <50 or >99 (i.e., a non-physician provider)
- \* Service Type is 30 (Anesthesia) or 40 (Assistant Surgery)
- \* Procedure Code is surgical and Service Type values are second or third opinion (as specified on the DB\_DEF table)
- \* Procedure Code is MISSING
- \* Procedure Type is not CPT-4 or HCPC
- \* Procedure Code is not in RVU look-up table (i.e., not a valid procedure code)

**FOLOG Calls:** None

**Default:** 0 (zero)

**Precedents:** None

**Impact:**

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	1/24/1999	L. Richardson	4	1162	Converted to functional spec.
	12/8/1998	K. Key	4	N/A	In order to match the EGAD table, modified the missing rule be zero instead of none.

---

**Medical Service Claims**

---

**Output Field: TOTRVU**

Tot RVU

11/16/1998

K. Key

4

1162

Updated default value to be zero and missing value to be non

## Medical Service Claims

---

**Output Field: UB92** UB-92 code
 

---

**Definition:** UB-92 Revenue Code.**DB2 Name:** REV\_CD**Type:** Medi-Cal Custom Field**Missing Value:** Spaces**Data Type:** CHARACTER**Display Length:** 3**Storage Length:** 3

---

**Input Fields:** **Field Name**  
 SEE PROC1.
 

---

**Data Type****Length****Logic:** See PROC1.**FOLOG Calls:** None**Default:** Zero (missing value)**Precedents:** None**Impact:** Panorama View: this field is found on the Claims Extracts and is used to calculate measures in the Quality Folder.**Tech. Notes:**


---

<b>Revisions:</b>	<b>Date</b>	<b>Author(s)</b>	<b>Phase</b>	<b>IR(s)</b>	<b>Description</b>
	1/10/1999	J. Dittman	4	739	Added impact to PV.
	12/8/1998	K. Key	4	N/A	In order to match the EGAD table, modified the missing rule be spaces instead of zero.

Medical Service Claims

**Output Field: UNITORIG** Units on Clm

**Definition:** The number of units reported on the claim or encounter. Based on the 35-File field UNITS.

**DB2 Name:** UNITS\_ORIGINAL

**Type:** Medi-Cal Custom Field

**Missing Value:** Zero

**Data Type:** DECIMAL

**Display Length:** 8, 0

**Storage Length:** 5

Input Fields:	Field Name	Data Type	Length
	F35-UNITS	S9(8)V999	11

**Logic:** UNITORIG = F35-UNITS, when numeric and not greater than 1,000,000 and not less than -1,000,000 (if outside of this range then UNITORIG should be set to the nearest rounded value within the range), if F35-UNITS not numeric UNITORIG = zero (missing)

**FOLOG Calls:** OPR# 077: When F35-UNITS if greater than 99,999 or less than -99,999 (call FOLOG with F35-UNITS)

**Default:** None.

**Precedents:** None

**Impact:**

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/19/2002	C.Swanson	6	2811	Corrected input field length of F35-UNITS and changed rang within logic
	5/9/2002	C.Swanson	6	2811	Changed input length of F35-UNITS
	8/10/1999	L Richardson	5	1237	Changed the length of F35-UNITS to 10; and added logic to handle field overflow; and added OPR 077 FOLOG call to report when rounding must occur.
	12/29/1998	L. Richardson	4	1162	Added 'if numeric' condition to the logic.
	6/8/1998	L. Macklem	3	739	Rewrote as functional spec.

## Medical Service Claims

**Output Field: UNITS** Units**Definition:** Represents number of days if the record is inpatient; otherwise, this will contain the number of services.**DB2 Name:** UNIT\_CNT**Type:** Medi-Cal Custom Field**Missing Value:** Zero**Data Type:** DECIMAL**Display Length:** 8, 0**Storage Length:** 5

Input Fields:	Field Name	Data Type	Length
	F35-CLAIM-TYPE	X	1
	F35-UNITS	S9(8)V999	11
	QTY	SMALLINT	4

**Logic:** The following rules are used to assign the field UNITS:

1. For inpatient claims (F35-CLAIM-TYP = 2)

UNITS = F35-UNITS (if numeric), if not numeric UNITS = zero, and F35-UNITS must be less than 1,000,000 and greater than -1,000,000, values outside this range must be rounded to the nearest whole number within the range.

2. For outpatient services (F35-CLAIM-TYPE <> 2)

UNITS = QTY (if not NULL), if QTY=NULL then UNITS = zero

**FOLOG Calls:** OPR-#51: When F35-CLAIM-TYPE is equal to '2' (Inpatient) and F35-UNITS is not numeric (call FOLOG with F35-UNITS).

OPR-#51: When F35-UNITS is greater than 99,999 or less than -99,999 (call FOLOG with F35-UNITS).

**Default:** Zero (missing value)**Precedents:** QTY

**Impact:** Panroama View: this field is found on the Claims Extracts and is used to sum units by Category of Service and Ambulatory Procedure Group in the Utilization Folder.

**Tech. Notes:** UNITS is actually moved from QTY rather than F35-UNITS for outpatient records, so it could also be effected by the size limitation that affect QTY. Specifically, UNITS = 0 when QTY = NULL, so that if F35-UNITS is outside the range -32767 to +32768, UNITS will be set to zero under rule 2 only.

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	6/18/2002	C.Swanson	6	2811	Corrected size of input F35-UNITS and range logic is looking at
	5/9/2002	C.Swanson	6	2811	Changed input field length of F35-UNITS
	8/10/1999	L Richardson	5	1237	Changed the input length of F35-UNITS to 10; added evaluation of the F35-UNITS to prevent field overflow; and added a FOLOG call to report when rounding is used.
	1/10/1999	J. Dittman	4	739	Added impact to PV.
	12/23/1998	L. Richardson	4	1162	Moved UNITS spec here in the workbook after removing from the QTY section.
	11/30/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program.

Medical Service Claims

**Output Field: VENDORCD** Vendor Code

**Definition:** The Medi-Cal Vendor Code representing the Medi-Cal type of provider that rendered the service as reported on the claim or encounter.

**DB2 Name:** VENDOR\_CD

**Type:** Medi-Cal Custom Field

**Missing Value:** Spaces

**Data Type:** CHARACTER

**Display Length:** 2

**Storage Length:** 2

Input Fields:	Field Name	Data Type	Length
	F35-VENDOR-CODE	X	2

**Logic:** Apply these rules in order:

1. Validate F35-VENDOR-CODE in the VENDORCD map, matching on:

F35-VENDOR-CODE = VENDORCD Prov Typ Code.

If F35-VENDOR-CODE validated or = spaces, set VENDORCD = F35-VENDOR-CODE.

2. VENDORCD = 00 when F35-VENDOR-CODE <> spaces but validation fails.

**FOLOG Calls:** OPR-#52: When F35-VENDOR-CODE does not equal spaces but no match is found on the VENDORCD map of valid values (call FOLOG with F35-VENDOR-CODE).

OPR-#52: When VENDORCD is missing (call FOLOG with F35-VENDOR-CODE).

**Default:** Spaces (missing value). This is assigned if F35-VENDOR-CODE = spaces.

**Precedents:** None

**Impact:** VENDORCD is a Panorama View dimension in the Provider cube. Therefore, any change to VENDORCD values or descriptions needs to be reflected in the Panorama View Catalog.

**Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	1/24/1999	L. Richardson	4	1162	Clarified logic when input = spaces.
	1/10/1999	J. Dittman	4	739	Updated impact to PV.
	11/30/1998	C.Swanson	4	1162	Updated FOLOG with Operation Number and displayed field that corresponds to the Claims Convert Program. Also added 'when VENDORCD is missing'
	6/8/1998	L. Macklem	3	739	Rewrote as functional spec.
	12/31/1997	J. Dittman	2	545	Added validation.



## Medical Service Claims

**Output Field:** WORKRVU      Work RVU

**Definition:** A value representing the amount of effort and expense required for the physician to perform the service or procedure. For episodes, the sum from all outpatient claims in the episode. This is a hidden field for Medi-Cal.

**DB2 Name:** WORK\_RVU**Type:** DataScan Core Field**Missing Value:** Zero**Data Type:** DECIMAL**Display Length:** 5, 0**Storage Length:** 3**Input Fields:** Field Name**Data Type****Length**

N/A

N/A

N/A

**Logic:** Claim Convert Logic:

Set WORKRVU = 0 (zero).

DataScan CORE Logic:

A relative value unit (RVU) is a value representing a measure of effort and expense (i.e., a more expensive service that requires more effort will have a higher RVU). The RVU assignment for a procedure consists of three components: (1) work effort; (2) practice expense; and (3) malpractice costs. RVUs were developed to reimburse physicians based on the resources applied in performing a particular procedure. The reasoning behind RVUs is that physicians should be reimbursed based on the work associated with and the cost involved in delivering the service, not on what the physician has charged in the past.

The WORKRVU field represents the physician work required for the service. These units were developed by panels of physicians and researchers at Harvard University and further refined by Health Care Financing Administration (HCFA). The work component of the RVU is based on the time required to furnish the service, the intensity of the effort, and the technical skill required.

Note: This field is useful for analyses of the cost and utilization of selected services in an episode.

RVUs are set to missing if any of the following are true:

- \* QTY is MISSING
- \* PROVTYP <50 or >99 (i.e., a non-physician provider)
- \* Service Type is 30 (Anesthesia) or 40 (Assistant Surgery)
- \* Procedure Code is surgical and Service Type values are second or third opinion (as specified on the DB\_DEF table)
- \* Procedure Code is MISSING
- \* Procedure Type is not CPT-4 or HCPC
- \* Procedure Code is not in RVU look-up table (i.e., not a valid procedure code)

**FOLOG Calls:** None**Default:** 0 (zero)**Precedents:** None**Impact:****Tech. Notes:**

Revisions:	Date	Author(s)	Phase	IR(s)	Description
	9/8/1999	J. Dittman	5	965	This field will be hidden from the users, as a new custom field RVUWORK has been created to meet Medi-Cal's needs.

---

**Medical Service Claims**

---

**Output Field: WORKRVU****Work RVU**

---

1/24/1999	L. Richardson	4	1162	Convert to Functional Spec.
12/8/1998	K. Key	4	N/A	In order to match the EGAD table, modified the missing rule be zero instead of none.
11/16/1998	K. Key	4	1162	Updated default value to be zero and missing value to be non